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ABSTRACT

Key findings from an evaluative study of 16 Illinois regional programs for educating low-incidence disabled children are summarized; 12 recommendations are presented for organizing, delivering, and financing improved statewide services; and suggestions are offered for implemeting basic recommendations in comprehensive programs for aurally, visually, and orthopedically handicapped students. The recommendations and their underlying rationale are discussed in Section 1, which stresses the need to provide both legal status (in the form of intermediate school districts) for regional education programs and full state funding of special education costs; to develop comprehensive instructional programs geared to specific handicapping conditions; and to improve communication channels among the regional programs, the Illinois Office of Education, and public and private schools. Included in Section 2 are detailed evaluations of regional programs outside of Chicago, Chicago area public and private school programs, the Area Learning Resource Center-Regional Educational Media and Information Service system, and a general review of regional program financial management. Three appendixes contain information on the historical background of Illinois regional special education programs, study procedures, and 11 supplementary tables. (LH)

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AN EVALUATION OF THE REGIONAL PROGRAMS
FOR
EDUCATING LOW-INCIDENCE
DISABLED CHILDREN IN ILLINOIS

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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It should be stressed, however, that the opinions expressed in this report are those of the authors and they take full responsibility for those contents.

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1. FINDINGS AND RECOMMENDATIONS

This report is being submitted in fulfillment of the contract awarded by the Illinois Office of Education to the University of Illinois to evaluate the various regional programs in Illinois for educating low incidence disabled children and the ALRC-REMIS program. More specifically, the objective of this study was to evaluate how well these projects and programs are providing instructional and support services to low incidence disabled children in the State in terms of identification, diagnosis and instructional and support services, as well as to assess the extent to which these programs are providing comprehensive information services for all disabled children in the State.

Based on a number of activities undertaken in connection with this study (outlined in detail in Appendix B), this report presents an evaluation of these various programs and, based on this evaluation, a set of recommendations for the organization, delivery and financing of such services on a statewide basis. Because of their importance, these recommendations comprise the first part of this report. The basic recommendations are provided in this first chapter, following a brief summary of some of the key findings. This summary is meant to touch only on the highlights because each of the 12 recommendations is accompanied by a discussion of the basis of these recommendations, which necessarily includes a discussion of relevant findings.

The three following chapters in this first part of the report elaborate further on the recommendations, each chapter showing how implementation of the basic recommendations would affect educational programs relating to a particular disability. Thus, based on these recommendations, Chapter II presents a comprehensive program for meeting the instructional and related needs of hearing impaired children; Chapter III focuses on a corresponding program for those children who are severely visually impaired; and Chapter IV deals with a comprehensive program for orthopedically impaired children in the State.

The detailed findings underlying these recommendations are presented in the second part of this report, with separate chapters devoted to an evaluation of each of the regional programs outside of Chicago and a general summary chapter on the financial management of the regional programs. Two chapters are devoted to the programs in the Chicago area, one chapter dealing with the Chicago Public Schools and the other chapter relating to the private schools in that area. Also included in this part is a chapter evaluating the ALRC-REMIS system.

The report is rounded out by three appendices, one containing information on the historical background of the regional special education programs in the State, a second giving detailed information on the procedures used in this study, and a third containing supplementary tables.

Findings: A Brief Overview

The regional programs are making valiant attempts to provide instructional services to children with a number of different disabilities but are doing so unevenly and under highly frustrating conditions. With perhaps only two exceptions (Chicago Public Schools and South Metropolitan Association), these programs do not have the authority to carry out their mandate, and are therefore serving primarily to supplement existing programs rather than developing comprehensive instructional programs for low incidence disabled children. The organization and conduct of these programs are largely under the control of the local school districts or the private schools with little supervision from the regional programs. As a result, the quality of these services varies substantially not only from one region to another but also, to a large extent, among schools within the same region.

The regional programs have had the further difficulty of experiencing last-minute funding arrangements and being under considerable uncertainty regarding administrative and operating arrangements. Funds have at times been provided only when the school year is already underway and, as a result, securing qualified staff and getting instructional and support programs launched becomes an extremely difficult task. While the regional teams of the Illinois Office of Education are supposed to assist in this regard, they too have had to operate under severe restrictions due to last-minute funding and uncertainty regarding program arrangements. As a result, communication between the regional programs and the Illinois Office of Education leaves much to be desired, with the regional programs attributing many of their problems to this source.

With a few exceptions, relationships between the public schools and the private schools do not seem to be too cordial within these regional programs. Communication seems to be especially poor in some cases between these two groups of schools, each group often feeling that the other is benefiting at its expense, and the regional programs do not seem to be overly effective in coordinating the special education activities for disabled children in these two sectors.

The situation is especially complicated in Chicago. In the Chicago Public Schools a well-designed centralized program for low incidence disabled children emanating from the Board of Education does not seem to be working too effectively because of the many administrative layers that separate the child from the implementation of the program. From this point of view, the high degree of autonomy held by the local districts in Chicago has served to dilute the quality of this program and to raise questions regarding its effectiveness. While certain specialized schools in the Chicago Public School System seem to be treating low prevalence handicapped children very well, many of the schools in the system do not seem to give these children too much attention and prefer to shift them into private schools, especially the more severely disabled.

The private schools, on their part, seem to be highly variable in the types and the quality of services that they deliver. The consortium arrangements are very loose, having been set up primarily for financing purposes, and with little quality control by the administative agent. Also, the relationships between the private schools and the Chicago Public School System do not seem to be especially close and little attempt seems to have been made to develop programs for low incidence disabled children that would coordinate these two situations of resources.

Noteworthy too is that the "private" schools are funded heavily out of public sources. The entire operating budget of some of these schools comes from State and Federal grants and contracts, and even the best endowed private school visited received only about 30 percent of its budget from private sources.

Both in Chicago and in the rest of the State, it is not at all clear that effective programs exist for the screening and identification of children having low incidence disabilities. Certainly, programs for identifying such children are highly variable in quality and there is good reason to suspect that many children with such disabilities are not presently being served by the current system.

Overall, the State seems to be moving inadvertently to a dual system of special education whereby severe disabilities are handled at the regional level and mild disabilities at the local level. There seems to be little explicit awareness of this fact and of its ramifications for ecucational programs. A further problem is that even such an implicit policy is being carried out very unevenly in the different parts of the state, with the result that the delivery of instructional services to children with particular disabilities will vary substantially from one area to another.

A related problem would seem to be the lack of any clear working definition of what is meant by low incidence disability, with the result that the regional programs seem to be developing their own definitions and attempting to set up programs to serve children having disabilities that are of primary interest to the key individuals in that regional program.

The ALRC-REMIS program is in principle very sound but in practice does not seem to be having the desired effects of providing supplementary learning materials in these programs. The control exercised by the Illinois Office of Education is loose, with the result that both the personnel in the program and its implementation are largely in the hands of the regional directors. The effect is that, like the regional programs themselves, the REMIS activities vary greatly from one region to another both in quantity and in quality. Communication between the regional staff of this program, namely, the educational technologists, and with the Illinois Office of Education and with many of the regional programs is not very effective. While some of the educational technologists are making strenuous efforts to inform regional directors and other key individuals in special education in their region of their services, much confusion seems to exist about the nature of this program.

Despite these shortcomings, there is widespread feeling that the regional concept is highly viable and that difficulties that have arisen relate to its implementation rather than to the concept itself. This is also the conclusion reached in this study, and the recommendations presented in the remainder of this chapter are meant to remedy these shortcomings.

Recommendations

Recommendation 1

The Illinois Office of Education should limit the definition of "low-incidence" disabilities to include only the extreme degrees of auditory disability, visual disability, orthopedic disability, and multiple disabilities. By extreme degree we mean those hearing impaired children and youth who would commonly be called deaf, those visually impaired who would commonly be called blind, children and youth who are severely crippled, and as multiply disabled those children and youth with any of the foregoing disabilities plus any other disability. Finally the terms "multiply disabled", "multiply impaired" and other variations should be used with extreme care and only for limited purposes. The terms are educationally useless since they imply that all children fitting such classifications are educationally homogeneous, which is not the case. A deaf blind child and a mentally retarded/cerebral palsied child are both multiply disabled but will obviously require quite different kinds of educational programs.

Rationale

The state appears to be creating, inadvertently, a dual system of special education where severe degrees of every disabling condition will be handled at a regional level and mild and moderate degrees at the local level or in joint agreements. Whether this is desirable has never been considered explicitly. Regional planning for special education in Illinois began with the hearing impaired (actually with the severe degree of that disability commonly known as deafness) as described in the May, 1968 report of the Illinois Commission on Children. It was expanded to include the visually impaired and the orthopedically impaired as described in the March, 1973 report of Educational Management Services. And a recent (1974) definition of the Low-Prevalence Working Committee established by the former Office of the Superintendent of Public Instruction in Illinois expands the concept even further.

> Low-prevalence handicapped children shall include those children with significant hearing impairments, significant visual impairments, profound behavioral disorders, profound mental impairments, multiple impairment or other impairments which are so unusual that the child cannot be provided an educational program by the local district or the joint agreement.

Obviously, this definition includes most of the disabling conditions now considered as special education. It also implies creation of a parallel system of special education in addition to the system that exists at the level of the local school and the joint agreement. Examination of the regional programs later in this report will show that several regions are already using the expanded definition and providing services to emotionally disturbed and mentally retarded children.

A second type of expansion of the definition is underway. In addition to adding other disabling conditions to the original three (hearing impaired, visually impaired, and orthopedically impaired), some regions are expanding the definition of each disabling condition. The original study of regional programs for hearing impaired children concentrated on the severe degree of hearing impairment commonly called deafness. Some regions are expanding this concept (and that of other disabling conditions) to include any degree of the condition that might be considered educationally significant. For hearing impairment this would increase the incidence from about 0.10 per cent to 5.0 per cent or more, or from one of the lowest incidence of disabilities to one of the highest. This obviously negates the whole concept of the regional programs as being primarily concerned with low-incidence disabilities.

We are not recommending against eventual expansion of the regional concept to include other disabilities in addition to the original three. We see much to commend in such an expansion. But it requires the same intensive and extended planning for each disability that went into the original report on the hearing impaired (Illinois Commission on Children, May, 1968). We were, in fact, tempted to recommend that regional planning be confined to severely hearing impaired children and that separate plans be devised for severely visually and severely orthopedically impaired children. This was in recognition of the fact that programs for these children should be as carefully planned as was the state program for hearing impaired children. And such planning is still needed, because a plan constructed for hearing impaired children has been adopted without modification (including the population base of 200,000) for visually impaired and orthopedically impaired children and is being expanded to include other disabilities.

The same regional model and the same regional population size (200,000) devised for hearing impaired children might fit other disabilities and it might not. It might instead become a Procrustean bed to which other disabilities are forced to conform. This can only be decided by conducting studies of each disability as intensive and careful as that conducted for hearing impaired children. The differing rates of incidence alone (about twice as high for severe auditory impairment as for severe visual impairment) indicates that a standard population base might not work for all disabilities.

In addition to differences in incidence, it is obvious that the educational needs of children with different disabilities vary. For example, educational technology and educational techniques have been far more successful in making it possible for severely visually impaired children (free from additional handicaps) to be educated with normal children than is the case for severely hearing impaired children. Severely hearing impaired children still require special schools and clusters of special classes to a far greater extent than do severely visually impaired children.

These differences, which are only illustrative and could be multiplied, were the reason why we considered recommending that the present regional programs be limited to the only group for which adequate state planning has been conducted - the hearing impaired. However, a return to a single disability would be impractical, and also there are indications that the regional programs for visually impaired and orthopedically impaired children are working, perhaps not nearly as well as might be desired, but at least reasonably well.

We recommend, therefore, that at present the definition of low-incidence disability be confined to the severe degrees of auditory, visual, and orthopedic disability and multiple disabilities. The Illinois Office of Education should prevent the expansion of the definition to other disabilities until comprehensive state wide planning has been conducted for those disabilities. The expansion taking place at the regional level is simply an indication and result of the lack of knowledgeable and aggressive leadership in low-incidence disabilities that has existed at the state level for several years. Such expansion, unplanned by the state, is bound to create problems of jurisdiction among regional programs (most of which have no legal basis for existing) and joint agreements and local school units. Jurisdictional disputes, challenges to the legality of the regional programs, and other quarrels seem inevitable unless comprehensive, state wide planning is conducted and unless such planning involves establishment of a mechanism which allows for continual planning and monitoring of the programs. This requires establishment of leadership positions at the state level in the Illinois Office of Education (the subject of our third recommendation) and of a committee of the State Board of Education, which we address next.

Recommendation 2

The State Board of Education should establish a standing Committee on Special Education and a standing Subcommittee on Low-Incidence Disabilities of that Committee. The Subcommittee should be responsible, through frequent meetings, for continuous planning and monitoring of regional programs for low-incidence disabilities with its initial efforts directed toward (1) establishing a clear, but expandable, definition of low-incidence disabilities and (2) intensive program planning for each disability included in the definition. In this effort, the Subcommittee is to be assisted by appropriate staff in the Illinois Office of Education.

Recommendation 3

The Illinois Office of Education should provide leadership to promote, develop, and improve educational programs and services for low-incidence disabilities in children and youth by employment of (a) a full-time administrator responsible to the State Superintendent of Public Instruction, and (b) full-time qualified specialists as consultants in each of the low-incidence classifications and responsible to the administrator. The administrator should be employed as quickly as possible and should have training and experience in at least one, and preferably more than one, of the areas of hearing impairment, visual impairment, and orthopedic impairment. The duties of this administrator should include the development and coordination of the State educational programs in these areas, providing guidelines for the regional projects with special attention to screening of children and evaluation of programs, and serving as liaison with the subcommittee established by Recommendation 2. Initially, and as quickly as possible, specialists of high caliber with appropriate training and experience should be employed in the areas of hearing impairment, visual impairment, orthopedic impairment, and multiple impairment. If the Subcommittee on Low-Incidence Disabilities, after appropriate study, expands the definition of low-incidence to other categories such as severe behavioral disturbance and severe mental retardation, then specialists in the additional categories should be employed.

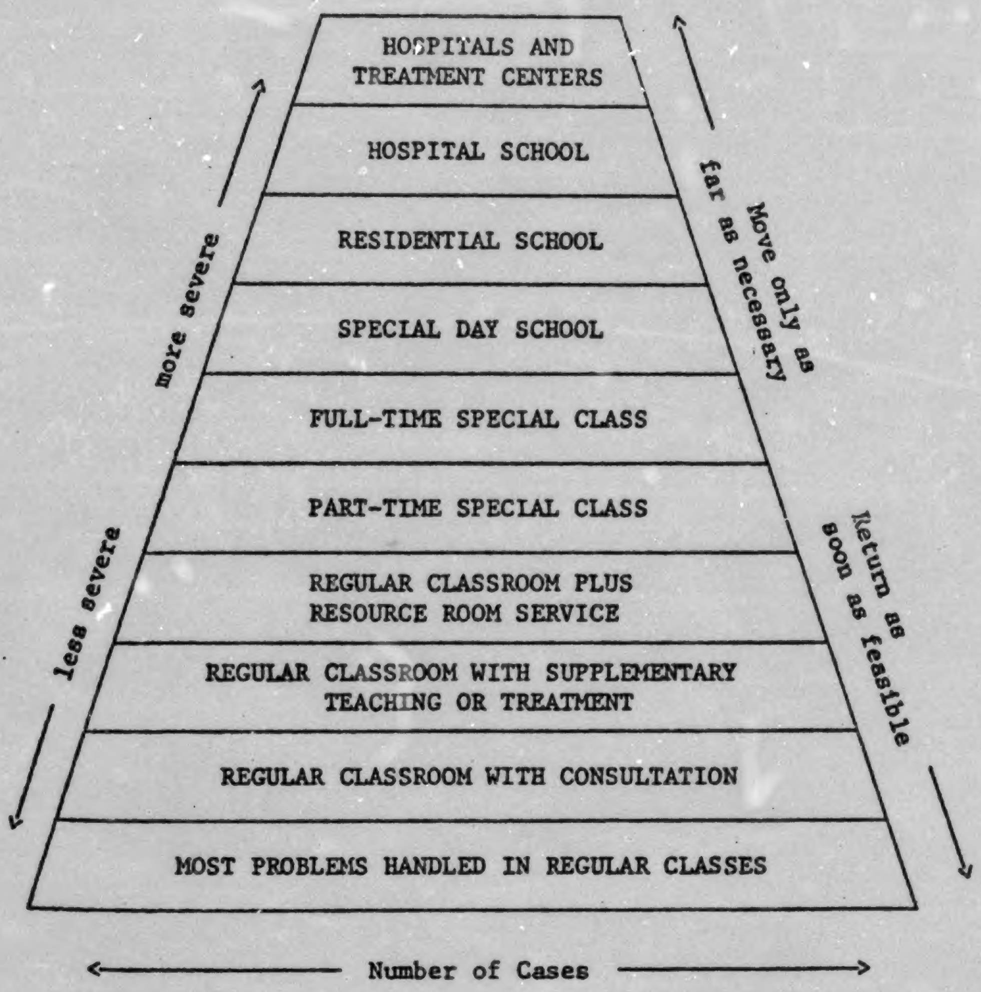
Rationale

Establishment of an appropriate definition of "low-incidence disabilities" and intensive planning of educational programs for each category can best be accomplished by a group with educational interests and legal sanction, statewide authority, access to the special resources needed for investigation, and lack of vested interest in the existing situation. The State Board of Education is the obvious candidate for the task. We recommend the Board establish a Committee on Special Education because planning for special education should not be artifically separated in the state from planning for general education. Likewise, planning for low-incidence disabilities should remain related to planning for special education and thus we recommend it be done by a Subcommittee on Low-Incidence Disabilities.

In its task of constructing a definition and recommending educational programs, the Subcommittee should be concerned primarily with policy, legal, and financial matters and rely on the specialized staff of the Illinois Office of Education for the specifics of educational programming. We believe that such activity by that Office requires the addition of the staff in Recommendation 3. And this brings us to the whole matter of the generalist vs. the specialist in the Illinois Office of Education. During the past several years specialists in disability categories have been eliminated from what is now the IOE, and either replaced by generalists or assigned the role of generalists themselves. This is likely in keeping with the nationwide trend in special education toward "mainstreaming" of disabled children and the training of the "teacher for all seasons" who will serve children with various types of disabilities. We believe the elimination of specialists at the state level was a serious error of judgment which should be corrected.

Children, in our opinion, should be educationally segregated from their peers to the least extent necessary and only when circumstances dictate that it is for the childrens' own best interests. The Cascade System (Figure 1) has become a popular way of illustrating this concept. Unfortunately, children with severe degrees of certain disabilities require such concentrated exposure to highly specialized educational techniques and technology that their education in other than special classes and schools is impractical. Certainly, a few knowledgeable persons would support the idea that a deaf

FIGURE 1. THE CASCADE SYSTEM APPLIED TO SPECIAL EDUCATION


HOSPITALS AND TREATMENT CENTERS
HOSPITAL SCHOOL
RESIDENTIAL SCHOOL
SPECIAL DAY SCHOOL
FULL-TIME SPECIAL CLASS
PART-TIME SPECIAL CLASS
REGULAR CLASSROOM PLUS RESOURCE ROOM SERVICE
REGULAR CLASSROOM WITH SUPPLEMENTARY TEACHING OR TREATMENT
REGULAR CLASSROOM WITH CONSULTATION
MOST PROBLEMS HANDLED IN REGULAR CLASSES
more severe
less severe
Move only as far as necessary
Return as soon as feasible
Number of Cases

*Exceptional Children, Vol. 28, No. 7, March, 1962, p. 368 by Maynard C. Reynolds.

child could be "mainstreamed" even with supportive help, or that such a child could be adequately taught by a "teacher for all seasons". Such procedures might be successful for children with mild or moderate degrees of disability, but not when the degree of disability is as severe as it is with the deaf child.

We believe the elimination of specialists at the state level resulted in a leadership vacuum at that level during the critical years when the regional programs were being established. As is always the case, the vacuum was filled; in this instance by the regional directors. The result has been that what is now the Illinois Office of Education has played little more than a funding role in the programs and the regional directors have been free to pursue their separate courses.

Statewide planning cannot be conducted in this manner. It requires a statewide perspective that can best be provided from the Illinois Office of Education and the State Board of Education. The virtues of diversity (which the present system certainly has) are often overstated and overvalued. The basic educational needs of a visually impaired child in Cairo are the same as those of a visually impaired child in DeKalb and the children need the same educational programs and facilities. Conformity rather than diversity is needed in the regional programs, but conformity to high standards of services.

Several other reasons have been given for eliminating specialists. It is maintained that specialists cannot be hired by the state who are as capable as similar personnel working in the school systems. This can be remedied by making the positions at the state level more attractive in salary, prestige, and duties than those in the school systems.

Another justification has been that even if competent specialists could be employed, their professional expertise would atrophy in their positions. Again, nothing so drastic as elimination of specialists is required. This problem can be solved by ensuring that the specialists spend most of their time visiting the educational programs in their professional area; that they be allowed time to attend conferences, workshops, and conventions; that they be required to pursue formal plans of study in universities or other appropriate settings; that they be given periodical sabbaticals to return to the classroom as teachers for brief periods of time; in summary, that they be required to engage in activities that will keep them professionally alive.

A third reason given is that highly specialized people become "deadwood" in an organization when the need for their specialized skill has passed. To this, we simply reply that severely hearing, visually, and orthopedically impaired children will, unfortunately, be with us probably for generations.

While the IOE and the State Board of Education must provide the statewide planning and funding, they must draw upon the expertise and leadership in the regional programs in doing so. A planning group composed of members of the proposed Subcommittee on Low-Incidence Disabilities, the proposed specialized staff of the IOE, and regional personnel would provide a formidable resource to tackle the problem at hand -- provision of high quality programs for children with severe degrees of certain disabilities.

The preceding three recommendations will enable planning and planning mechanisms to be established for orderly development of regional programs. Such planning will obviously take as long as two years or more, and in the meantime much can be done to improve the existing situation. The remaining recommendations deal with that situation, with the administrative structure, legal basis, funding, and programs in the regions.

Recommendation 4

The Illinois Office of Education should seek legislation to establish regional education programs (REP) for providing special education services for preschool and school age children with disabilities of low-prevalence -- hearing, visual, orthopedic, and multiple. Such regional programs shall function as intermediate units for the local school district and the state.

Regional education programs can generally conform to the thirteen regions presently organized within the state, although consideration should be given to consolidating some of the less populated regions. Each program, within its region of school districts served, shall:

a) provide screening and identification of low-prevalence disabled children;

b) provide for each identified low-prevalence disabled child a comprehensive assessment and individual plan for education;

c) provide supporting services including, but not limited to, psychological, medical, audiological, REMIS, social work, parent education, orientation and mobility training;

d) employ program specialists in each of the low-prevalence areas to provide supervision in curriculum development, instructional strategies, inservice education and evaluation of instruction;

e) provide direct preschool education programs (0-3 years) in the home or in the schools;

f) administer grant funds;

g) provide a full range of educational programs (individual instruction, special classes/center, resource teachers, etc.) to meet the education and related needs of low-incidence disabled children.

Regional programs as intermediate units shall be empowered to employ personnel, rent or lease facilities, purchase equipment and supplies, enter into cooperative agreements, and to contract with other agencies or individuals as may be required to fulfill their responsibility to low-prevalence disabled children within the respective regions.

Each local school district in each region should pay to the intermediate school unit tuition for each disabled child from the district served by the intermediate unit. The tuition should be the average cost to the local school district of educating non-disabled children. All costs of the intermediate school unit in excess of the tuition received should be supplied from State revenues.

It is also recommended that local school districts be required to pay tuition for children sent to the State schools for blind, deaf, or orthopedically impaired in the same amount as if those children had been served in an intermediate school district.

Rationale

This is our most important recommendation. It urges that legal status be given to the regional education programs in the form of intermediate school districts and that full funding of the costs of special education, in excess of the average cost of educating nondisabled children, be borne by the state. The present legal, administrative, and financial status of the regions is not tolerable. With only one exception (The South Metropolitan Association) regional programs outside of Chicago have no legal status. They exist by "gentlemen's agreements" among school districts in each region on the basis of supplementary services that can be provided by Federal funds from Title I and Title VI controlled by the Illinois Office of Education and used by IOE as a carrot to establish the regional programs.

If those Federal funds were withdrawn, a few of the regional programs might continue to exist, although on a reduced scale, but many would simply collapse. Collapse could also be brought about if local special education districts should challenge (as at least two we know of have threatened) the legality of the regional programs receiving Title I and Title VI funds directly from the State, and win the legal challenge. It is imperative, therefore, that a legal basis for the programs be mandated and that their operations be placed on a sound financial basis.

The administrative structure of the programs is also a matter for grave concern. At one extreme, this structure includes what is almost an intermediate school district, the South Metropolitan Area Association, which has its own legal and financial status, provides direct services to the low-incidence disabled children and youth in its area, employs the personnel to provide the services, leases classroom space, and so forth. At the other extreme, there is the Southern Illinois Area Association which is a loosely connected grouping of local special education districts which control the direct services and permit the regional program to provide only supplementary services with the Title I and Title VI funds. The regional director for SMA has almost complete control of the total program of services provided to low-incidence disabled children and youth in his region and of the personnel and facilities needed for those services, while the regional director for SIA controls only supplementary services and personnel employed with the Title I and Title VI funds to provide them. Between these extremes is a variety of other administrative arrangements.

We submit that a structure similar to the SMA arrangement, but strengthened and formalized in legally mandated intermediate school districts and adequately financed by the state, is needed to provide comprehensive services of high quality to low-incidenced disabled children and youth. An alternative to intermediate school districts is a statewide school district which would be funded, staffed, and controlled by the state. In case this raises the specter of eventual state control of the educational system, we point out that Illinois has operated statewide school systems in the form of the Illinois School for the Deaf and the Illinois Braille and Sightsaving School, among others, for more than a hundred years without any discernable damage to the concept of local control of education.

It might provide a proper perspective to the statewide school district proposed to point out that the total number of severely auditory, visual, and orthopedically and multiply impaired children and youth being served presently in the state is about 10,000. This is about the same number of school children as in a moderately sized school system such as Champaign, Illinois. So a statewide school district is not impractical; in fact, from an administrative viewpoint it is eminently practical. The statewide school district has much to commend it. However, our own bias in support of local control leads us to favor the intermediate school district which can provide the necessary strength of administrative control and concentration of resources needed for quality services with the minimum necessary relinquishing of local control.

Recommendation 5

The intermediate school districts should have a consistent governance system with as much involvement as possible from consumers and local school districts. As one possibility we recommend that each intermediate school district, with the exception of Chicago (which has its own board of education), be governed by a board consisting of seven members including a director of special education serving within the region, two parents of children served by the regional program, a physician whose practice includes children with low incidence disabilities, and three superintendents of school districts within the region. The regional director should be a non-voting member of the Board.

Rationale

This recommendation reflects our bias toward strong local involvement in educational programs and also our belief that conformity (to high standards) is more needed in the regional programs than diversity. The proposed governance system obviously is weighted in favor of local involvement and the reasons for the types of members recommended should be obvious with perhaps the exception of the physician.

Increasingly, with the development of regional programs, broader evaluative and remedial services have been developed. For example, increasingly, physical and occupational therapists are full time staff persons providing services to disabled children. Furthermore, many well trained audiologists are assuming important responsibilities related to otology. These and other similar situations are increasingly common in the regional programs.

At what point is guidance from a physician sought on the part of therapists or other related professionals? How and when does the physician assume his role in directing the medical aspects of the school child's management within the school? How capable is the family physician in providing the needed guidance? If the family physician lacks such capabilities or is not interested in providing it, what other resource is available for professional guidance? These and other related questions are of great pertinence with children and youth who have low-incidence disabilties, since such children are likely to have many medical complications, and since the educational management of these children, particularly those with orthopedic disabilities, often requires continual medical involvement. The presence of a physician on each governing board should help increase medical involvement at all levels of the regional programs.

Recommendation 6

Each regional education program should be administered by a full time Director whose primary training and experience has been in the area of hearing impairment, visual impairment, orthopedic impairment or a combination of these. Each of these disability areas should also be supervised by a full time specialist well trained and experienced in the disability.

Rationale

The Director here corresponds to the administrator recommended at the state level and the supervisor specialists to the consultant specialists. The recommended qualifications for the Director might seem so eminently desirable as to render such a recommendation unnecessary. But the problem of suitable administrative qualifications for directors of low-incidence programs becomes entangled with the confused state of what is special education when one looks closely at the problem.

The low-incidence disabilities are considered to be part of special education in public school systems and in institutions of higher education. The inclusive labels of "special education" and "special educator" tend to imply that the area is homogeneous and that the individual is skilled in all aspects of special education. Such is not the case. Special education has no common professional base but is instead an administrative entity, a collection of diverse specialties which often have more in common with the education of nondisabled children than with each other. We accept as obvious that general principles of learning and development apply to disabled as well as to nondisabled children and submit, as an aside, that not enough knowledge of those principles is imparted in the training of special teachers as should be. But the special knowledge, skills, and technology needed for working with one type of disability can be quite different from those needed for working with another type. For example, training as a teacher for deaf children would not provide one with much in the way of qualifications for working with blind children.

This means that it is difficult, perhaps impossible, to obtain directors for the proposed intermediate school districts, or the existing regional programs, who have considerable training in more than one of the three areas of disability--auditory, visual, or orthopedic. But such training and experience in at least one of these areas should be mandatory. Two alternatives are often followed --and we speak now of the nation and not just Illinois--which are less than desirable. First, directors are sought with "general" training in "special" education. Second, they are sought from ancillary areas such as audiology and psychology.

"General" training in "special" education is, of course, a contradiction in terms, and what is usually meant is training in the administration of special education. Individuals seeking such training usually have experience in one area of special education. Unfortunately, that is rarely in one of the low-incidence disabilities, but usually in one of the high-incidence disabilities such as mental retardation. Nor is training in low-incidence disabilities usually obtained in the administration training programs. Where training in additional specialties is required, as is frequently the case, it usually consists only of one or two academic courses in one or two specialties. When the choice of additional specialties is left to the discretion of the student, as is again frequently the case, the student usually selects the high-incidence disabilities which have greater potential for career advancement. Thus, few individuals with training in special education administration are knowledgeable and experienced in any of the low-incidence disabilties.

While audiology and clinical school psychology are valuable ancillary services in low-incidence disability programs, training in them provides little knowledge or skill in the educational management of low-incidence disabilities. It might seem that training in audiology would include training and experience with deaf individuals, but such is rarely the case. Until recent years, training in audiology, in most programs, even through the Ph.D. level, involved very little exposure to deaf persons.

We have treated this recommendation at length, because we regard it as second in importance only to Recommendation 4 concerning the mandating of legal and financial bases for the program. The lack of qualified administration and supervision of day programs for deaf children provided a major impetus for the comprehensive study of hearing impaired children (Illinois Commission on Children, May, 1968). Consolidation of programs was recommended by that study to provide for homogenous grouping of children in classes and to provide for qualified administration and supervision of programs.

That still applies, but now for three areas of disability rather than one. The farther one rises in any educational administrative heirarchy, and the farther one recedes from the classroom, the more general must become one's interests and responsibilities, until at the level of a State Superintendent one must be a generalist indeed! But supervisors of each low-incidence disability program are very close to the classroom and should be superior in their professional specialties to the teachers they supervise. And the administrator of low-incidence disability programs is close enough to the classroom that he must be well qualified in at least one of the disability areas, and preferably in more than one, as well as having administration training and experience.

Recommendation 7

Each intermediate school district should develop a written comprehensive plan for the education and related services for low-incidence disabled children within its region and submit the plan to the Illinois Office of Education for review and approval. Each plan shall be prepared for a five-year period with a yearly report stating among other things:

a) program accomplishment of the previous year

b) statistical data

c) fiscal and audit reports

d) objectives of the next school year

e) programs and activities designed to lead the accomplishment of the objectives

f) projected budget for new year

In addition, the report should include a listing of programs and activities to be undertaken over the five year period, with estimated time schedules and budgets. Changes in the five year plan should be considered each year and discussed in the yearly report.

Rationale

While similar plan and reports are presently required by the Illinois Office of Education, the time schedule and the lack of staff in IOE indicates that thorough review of the reports is not possible. We recommend that plans be on a five year basis to allow for long range planning by the regional educational programs, and that annual progress reports be provided to aid the consultant specialists and the administrator in IOE in determining if the plans are being followed or if any major departures are justified.

Recommendation 8

Each regional education program should develop a comprehensive system of evaluating pupil progress in the educational programs and a follow-up system of evaluating success in the occupational world. These systems should be standardized and coordinated by the Illinois Office of Education through some central unit in a university or other appropriate institution. Information gathered on each child should include, but not be limited to, the areas of (1) health and physical fitness, (2) intellectual functioning, (3) academic potential, (4) academic achievement and growth, (5) perceptual ability and development, (6) social behavior and adaptability, (7) communication and language skills, (8) vocational aptitudes and interests, and, upon leaving school, (9) work history.

Rationale

Large sums of money are spent in providing services to children and youth with low-incidence disabilities. Yet we have no comprehensive system of determining what benefits are produced for the child and for society. The clamor continues for ever increasing expenditures, and we submit that some modest portion of the funds should be devoted to determining what success the programs attain. Granted, success is a relative concept, but we believe that certain criteria can be established and their attainment measured by the kinds of data we have recommended be collected. In this age of "accountability" it is likely that increased expenditures will require objective justification of this type.

In the past, increased expenditures have been sought and obtained largely by appeals to humaneness and fair play, but when Illinois is spending about $3,500 annually per child for the education of deaf children in day programs, $7,500 in the Illinois School for the Deaf, $12,000 per child in the Illinois Braille and Sight Saving School, and $18,000 per child in the Illinois Hospital School, as compared to an average state expenditure of about $1,100 for non-disabled children, the charge of neglect of disabled children because of inadequate financial support has a hollow ring. It is reasonable for legislators, parents, state agencies, and others to ask what is being accomplished for the funds expended, and that question can better be answered with data than with platitudes.

There is precedence for this proposal. Illinois has in past years conducted an annual evaluation of special programs for gifted children through the University of Illinois. Something similar should be possible for programs for low-incidence disabilities.

Recommendation 9

The Superintendent of Public Instruction should annually convene a conference to review the progress being made in meeting the educational and related needs of low-incidence disabled children in the State. He should include in this conference the Director of Children and Family Services, the Director of the Department of Public Health, the Director of Rehabilitation, the Director of the Department of Mental Health and Development Disabilities, the President of the Illinois Society of Physicians, the superintendents of

Illinois School for the Deaf and the Illinois Braille and Sight Saving School, and others whom he deems appropriate.

Rationale

Under the present structure of Illinois government, various agencies in addition to the Illinois Office of Education are directly involved in the education of low-incidence disabled children and youth. It would be desirable if some of the units with such involvement, such as the Illinois School for the Deaf and the Illinois Braille and Sight Saving School which are operated by the Department of Children and Family Services, were shifted to the Illinois Office of Education. This would permit the whole range of educational services for hearing and visually impaired children to be conducted within a single agency and make transfers of children among programs and other matters somewhat easier than is now the case. However, such a transfer would represent a major undertaking whose travails would probably far outweigh its benefits. The present system seems to be working well enough. Still, there remains a need for careful and continuous coordination among the various agencies providing similar services and we believe Recommendation 9 will provide a mechanism to meet that need. We suggest that steps also be taken to explore the possibility of moving the Illinois School for the Deaf and the Illinois Braille and Sight Saving School to the Illinois Office of Education.

Recommendation 10

A task force should be established by the Illinois Office of Education to study the total involvement of the private sector (private schools and other similar facilities) in the eduation of low-incidence disabled children and youth in Illinois.

Rationale

The role of the private facility turned out to be one of the most complex aspects of the study. We examined the matter in considerable detail in the Chicago area and a report of the findings is given in the section of this report dealing with that city. Some of the issues raised there apply to other regions of the state, but we believe our study in Chicago, and particularly in the rest of the state, has only explored this issue and it merits much more intensive investigation. The basic question to be answered is; "Why are any children with low-incidence disabilities whose education is obviously a public reponsibility being rejected by the public schools?"

We consider this recommendation to be of great importance and urge that it be acted on as quickly as possible. If the state is to continue using private facilties to the extent it now does, procedures need to be established to determine why a child is placed in such facilities, what progress he makes there, what steps the regional program and the state take to ensure fiscal, educational and personal responsibility from those programs, and so forth. The great expansion of such facilities in the past few years because of availability of public funds raises questions of the adequacy of the facilities and their programs, whether more children are in such facilities than the incidence rates for the disabilities would project, whether multiple funding is being received for the same children from several agencies such as the Illinois Office of Education, the Department of Children and Family Services, and the Department of Mental Health and many other questions, most of which were beyond the scope of our study but all of which need to be answered.

Recommendation 11

A permanent Advisory Committee should be established for the ALRC-REMIS system. This Committee should be charged with: (1) helping to clearly articulate and guide the role of the ALRC and REMIS; (2) advising on types of activities that those programs should undertake; (3) advising on types of personnel that should be employed in ALRC and REMIS; (4) aiding the ALRC-REMIS in utilizing the state's many resources in media and instructional technology, especially those in the universities, the Illinois School for the Deaf, and the Illinois Braille and Sight Saving School; and (5) providing for periodic evaluations of the effectiveness of the ALRC-REMIS system. The Advisory Committee membership should include outstanding specialists from (1) each area of low-incidence disability, (2) media development and utilization, (3) computer assisted instruction, (4) curriculum development, and (5) measurement and evaluation.

Racionale

The ALRC-REMIS concept is a sound and workable method for providing media and related services to teachers of low-incidence disabled children and youth. The problems of the system in Illinois rest with implementation rather than with the concept itself. As indicated in the section of this report devoted to the ALRC-REMIS system, there is lack of clear articulation of the roles of ALRC and REMIS, lack of clear communication between ALRC and REMIS, lack of utilization of state resources, and lack of full time and energetic leadership at all levels, but particularly at the state level. A high level Advisory Committee, as recommended, should be able to provide the breadth of vision and the depth of expertise needed to correct those deficiencies.

Examination of the present ALRC-program reveals that it emphasizes services to visually impaired students, provides some attention for those who are physically impaired, and virtually ignores children and youth who are hearing impaired. This imbalance needs to be corrected. In correcting it, the ALRC staff should seek to involve the Illinois School for the Deaf (ISD) in a major role in the ALRC-REMIS system. ISD has a far more extensive program of media material and services than exists anywhere in the ALRC-REMIS system. Likewise, the extensive media services of the Illinois Braille and Sight Saving School should be utilized. The populations of these two schools are changing and will continue to change, their roles are shifting and will continue to shift. The time might be propitious for involving both schools in the ALRC-REMIS system. They have much to offer in media and related services.

The IOE should also seek substantial and continuing involvement of the universities in the state, and the Advisory Committee offers a good way to initiate such involvement. Illinois universities have a wealth of resources in media, instructional technology, computer assisted instruction, curriculum development, evaluation, and so forth that could be invaluable to the ALRC-REMIS system. Those resources could be tapped by seeking some members for the Advisory Committee from university faculties.

We emphasize again our belief in the soundness of the ALRC-REMIS concept and urge through this Recommendation and the related comments that some bold and imaginative steps be taken to fully realize that concept's potential.

Recommendation 12

Special education services for low-incidence disabled children in the city of Chicago need to be more centrally administered for more effective implementation, with established lines of authority for facilitating program coordination and information dissemination. The Board of Education should limit the powers delegated to local Citizen Councils so that the development of needed and mandated services will not be hindered at the local district or area level. At the same time, the number of supervisors at the Board of

Education level needs to be increased in order that quality programs can be developed and improved in areas that currently do not have adequate services for low-incidence disabled children. In general, identification and placement procedures for all low-incidence disabled children should be centrally administered to eliminate the diffusion of responsibility that currently exists, and procedures for parents to follow in getting proper placement for their children must be widely publicized.

Rationale

As will be reported more fully in Chapter 5, while the basic structure for providing services in Chicago for low incidence disabled children is soundly conceived, a number of problems have arisen in practice which serve to dilute the quality of this program. A basic problem seems to be the existence of too many levels of bureaucracy between the central administration of the program and its conduct at the level of the local schools. Although local advisory councils can be very useful for a number of educational purposes, they do not seem to be too effective in highly specialized programs of this type, with the result that their input into these programs frequently serves to produce very different standards in the conduct of these programs in different parts of the city.

Another impression obtained by our site teams, one that comes from discussions with a number of people in the Chicago area, is that the identification of low-incidence disabled children is not overly effective, and that parents are not well aware of how to obtain screening and testing for their children. While this is a problem that exists in varying degrees in other parts of the state, it seems to be more serious in Chicago in view of the concentration of the population in that area. For this reason, special attention needs to be given by the Chicago public schools to means of establishing and publicizing a program to register and screen all children for low-incidence disabilities. Such a program should seek to identify such children even in the 0-3 range and, as we suggest, necessary legislation to mandate services for these children all over the state should be sought.

2. A COMPREHENSIVE PROGRAM FOR SEVERELY HEARING IMPAIRED CHILDREN

Almost a decade ago the State of Illinois, through the Illinois Commission on Children, developed a state system for meeting the education and related needs of hearing impaired children. The system provided for the organization of the state into some thirteen regions to plan, organize, and coordinate all educational programs and services within a given geographic area. This concept has demonstrated merit in that other low-prevalence categories of disability have been added to the regions for administrative and program benefits.

Since the development of the concept of comprehensive programs and services through a regional system in Illinois, other states, including California, Texas, and Florida, have developed and adopted statewide comprehensive planning involving regionalization to better meet the needs of hearing impaired children. Additionally, a national professional organization, the Conference of Executives of American Schools for the Deaf, Inc., has adopted a policy position supporting comprehensive educational programs and services for the hearing impaired through regionalized programming.

From intensive investigation and study of the regional concept in the education of deaf children and youth in Illinois, and from study of other state systems that are somewhat similar, the major conclusion is that the

the regional concept in Illinois is an essential strategy and plan if the State is to fully meet its responsibilities for education and related services to all hearing impaired children within the state. The regional system in addition to the Illinois School for the Deaf and the comprehensive secondary program in Chicago offer the structure which is required.

The present regional education program concept in Illinois has developed slowly and erratically and sometimes not at all due to a number of factors including:

a) failure to establish the regional education program as a viable, legal delivery system for education;

b) dependence upon federal grant funds to support the programs and services of a regional education program;

c) confused and conflicting schemes for the governance of regional education programs;

d) conflicting authority among regions, joint agreements, and local school districts;

e) unclear "relationship of responsibility" between programs and services administered by the Illinois Office of Education, the Division of Children and Family Services (state school in Jacksonville) and the Department of Public Health (identification and screening).

Within this report are recommendations which offer solutions to these problems. They were developed to support the continuance of the regional education program concept for low-prevalence disabled children and to provide organization and structure to the system to promote quality opportunity for hearing impaired children.

When the legal, organizational, and administrative problems of the regional education programs are resolved, the various regions can proceed to plan and implement adequate programs and services for hearing impaired children. Programs and services for those children in Illinois must meet the following criteria if the mandate for education is to be met.

Characteristics of a Standard Regional Education Program for Deaf Children

1. There shall be a regional identification and screening program coordinated with all appropriate agencies, such as Public Health and Children and Family Services, with policies and procedures which assure prompt referrals for education to the regional education program.

2. Each regional education program shall provide a comprehensive educational assessment service (EAS) capable of securing or conducting tests that provide accurate information about the child in the areas of (a) health and physical fitness, (b) intellectual functioning, (c) academic potential, (d) perceptual ability and development, (e) social behavior and adaptability, (f) communication skills/aptitudes, (g) educational achievement, and (h) vocational potentials.

The regional educational assessment service (EAS) shall provide its findings to an educational placement committee composed of at least the program specialist in the appropriate category area, the diagnostic teacher, a physician or his nurse assistant, the psychologist, the audiologist and the speech and language specialist. The educational placement committee shall secure information as required from the child's parents and should include the parent as an observer in the EPC case conference. The educational placement committee, giving due consideration to the educational assessment data, the needs of the child, and parental concerns, should be responsible for deciding on a suitable educational placement. When required or otherwise indicated a representative of the Illinois School for the Deaf shall participate in the evaluation of placement alternatives.

3. When additional, more detailed assessment data are required before a placement decision can be reasonably made, the educational placement committee may refer the child to the Illinois School for the Deaf for testing or to similar appropriate facilities in Chicago or elsewhere.

4. Each regional education program shall provide a range of alternative placement options to meet the educational needs of hearing impaired children. The range of options shall include:

a) Individual Instruction -- individual instruction provided to a deaf child in the home or in a school,

b) Special Day Classes -- instruction provided in special classes housed as a part of a regular elementary or secondary school,

c) Resource Teacher Specialist -- instruction provided to the hearing impaired child who functionally demonstrates the ability to participate in regular classes for a portion of his school day,

d) State Residential School -- special instruction for deaf children provided at the Illinois School for the Deaf.

5. Each regional education program shall cluster special day classes to provide an adequate grouping of children for instruction in relation to chronological age, mental ability, and achievement level.

5.1 Elementary programs should be clustered to provide at least one class per grade level (K-6) and at least one preschool class.

5.2 Secondary programs should be clustered to provide at least two classes per grade level (7-12 or 9-12).

Regions unable to meet these criteria for special day classes should make referrals to the state school or to the high school in Chicago for deaf students.

6. Each regional program shall provide preschool instruction (ages 3-6) that is available to all eligible preschool deaf children in the region by providing either

a) preschool classes

b) home teacher

7. Each regional education program shall provide parent-infant educational guidance and instruction (ages 0-3) for all identified eligible deaf infants and their parents in the region.

8. Each regional education program shall employ at least one program specialist to supervise instruction for deaf children in curriculum development, instruction strategy (methods), inservice education, and evaluation of instruction.

Program specialists must be trained and experienced master teachers of deaf children who have demonstrated ability to work effectively with an instructional staff.

9. Each regional education program shall have available to it specialized instructional support staff to include:

a) psychologist

b) audiologist

c) media specialist

d) classroom aides (one in each elementary and preschool class, and one-half aide position for each secondary level class)

10. Class sizes for instructional programs for deaf children should be as follows:

- infant program - 3-5
- preschool - 4-6
- elementary - 6-8
- secondary - 8-11
- MH-deaf - 3-5

11. Each regional education program shall, within its educational program and services provide for the multiply disabled deaf child to the fullest extent possible.

12. Each regional education program shall develop and/or adopt a curriculum guide for use by all classroom teachers (K-12). Special consideration within the curriculum must be given to the method of language instruction to assure that there is a consistent and organized method or system of instruction.

13. Each regional education program capable of providing a comprehensive secondary program shall include within that program a full-time coordinator of occupational preparation and a wide range program of vocational instruction including work-experience opportunities and on-the job training participation.

Whenever possible, the regional education program shall work cooperatively with two-year colleges within the region to foster and develop college level vocational/technical training programs for deaf students.

14. The regional education program shall develop a comprehensive system of evaluating pupil progress. Pupil progress reports shall be annually reviewed by the categorical program specialist and by the educational assessment service. Consideration for alternative program placement shall be made by the educational placement committee when recommended by the EAS or upon request from the child's classroom teacher or parent.

In cooperation with the Illinois Office of Education all regional education programs and the Illinois School for the Deaf should determine what program outcomes are expected in the education of deaf students at the conclusion of elementary and secondary levels of education. These expectations should be expressed in criterion referenced terms and should be used to form the basis of an individual pupil, program, regional and state level plan for evaluation of the quality of educational opportunity for deaf learners.

15. Each regional education program for deaf children shall assure that each classroom is equipped with suitable furnishings, equipment, and instructional materials. It is of critical importance that there be a complete, modern, well-functioning educational amplification system available for each hearing impaired child enrolled.

16. Each regional education program shall provide a parent education program to assist parents of deaf children understand deafness, policies and procedures in the education of deaf children, suitable literature and guidance in the development of their children.

17. Each regional education program shall promote cooperative relations with related agencies within the region including such public services as crippled children's services, rehabilitation, public health, and medical hospitals and clinics. The comprehensive plan for each regional education program shall explain how educational and related agencies in the region are organized to coordinate programs and services to the hearing impaired within the region.

Role of the Illinois School for the Deaf

In a state where there is a state residential school for deaf students, it is of utmost importance that a proper relationship of responsibility be established between regional education programs and the state school. This is especially true in Illinois wherein different state agencies have responsibility for the two delivery systems.

It is recommended that the Illinois School for the Deaf be utilized as an integral part of the statewide system for educating deaf children. The Illinois School for the Deaf will be needed to serve the following functions as a part of the statewide system.

1. Enrollment of elementary age deaf children who reside in sparsely populated areas of the state and because of time and distance cannot be served in a clustered special day class program operated by a regional education program.

2. Enrollment of secondary age deaf children who reside in an area of the state where a standard secondary program cannot be provided.

3. Enrollment of either elementary or secondary school age children when the program within a region is not suitable for the students needs as mutually determined by the regional program's educational placement committee, the state school admission staff, and the parents.

4. Enrollment of either elementary or secondary school age children who, because of special circumstances with the child, his home and family environment or other extraordinary situations, is judged to have greater educational opportunity when enrolled in the state residential school.

5. Provision of a highly skilled educational assessment team to conduct extensive testing, child study, and educational planning for deaf

children referred from regional programs. The child study function of the state school should provide for at least one-week residence of the child and his parent(s) to allow time to conduct tests and to experiment with learning strategies with the child. The child study center at the state school should prepare a detailed report on the deaf child for the regional program and the parents, including management of the child, type(s) of educational programming the child requires and specific learning strategies useful to the child.

It is recommended that a similar, state supported educational assessment facility be developed in Chicago, possibly at the new high school for deaf students, to serve the Chicago area.

A third facility might also be needed in the northern part of the state to serve children in that area, which is quite heavily populated.

The child study center at the Illinois School for the Deaf plus the other two proposed centers are a critical aspect of assessment and program planning for the education of deaf children in the state. It is unrealistic to assume that all thirteen regions will at all times have the range and caliber of professional expertise to conduct sophisticated assessments on all types of deaf children.

6. The Illinois School for the Deaf should be expected in cooperation with universities in the state to assume a leadership role in research and development in the education of deaf persons.

3. A COMPREHENSIVE PROGRAM FOR SEVERELY VISUALLY IMPAIRED CHILDREN

Visually impaired students, ages 3 through 21, are to be served by mandate. Presently these services may be offered by:

a) The Illinois Braille and Sight-Saving School

b) Day school programs in local districts

c) Cooperative programs provided by joint agreement for a number of school districts

d) Regional centers

e) Private facilities, such as private schools in the Chicago area, Hope School, etc.

There may be additional sources of service, but these are listed to illustrate the fact that Illinois does provide a diversity of delivery systems for the visually impaired. While diversity can result in a selection of services which meets individual needs, the disadvantages of such a variety appear to outweigh the positive effects.

Although there are no recent studies on the prevalence of blindness, the National Society for the Prevention of Blindness has for years estimated that approximately one in 2,000 children is legally blind. For the partially seeing, the figure has been one in 500. General surveys seem to support these estimates. It is obvious, therefore, that only densely populated geographic areas are in a position to provide appropriate services for all visually impaired children.

The legal definition of blindness is not appropriate for use in developing educational services. Hence, the State of Illinois has defined "visual impairment" as "...The child's visual impairment is such that he cannot develop his educational potential without special services and materials." (9.09 1.).* However, some distinction must be made between those visually impaired children who are "functionally blind" (their primary avenues of learning are auditory and tactual) and those who are "functionally sighted" (their primary avenue of learning is vision). The degree of "special services and materials" will vary greatly between these two groups and, to a lesser extent, within each group.

Regional Education Programs

The thirteen regions in Illinois were first partioned, on a population base, and developed to serve children with hearing impairements. The rationale for serving hearing impaired children on a regional basis can also be applied to serving the visually impaired. They are a low-incidence group, and a broad geographic base is required to provide comprehensive services. They are difficult to identify, and often a visually impaired child is simply considered a "slow learner". They often require early intervention as infants and pre-schoolers. They require educational services from highly skilled, specialized teachers. They are a diverse group, and require careful educational programming.

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*Guidelines: Programming for the Visually Impaired. (To accompany the Rules and Regulations to Govern the Administration and Operation of Special Education, effective 7/1/73.)

Whether current regional population sizes in Illinois are appropriate for providing services to the visually impaired is unknown. But if the division of the State is working for the hearing impaired, then similar regions should work for the visually impaired.

At the present time services for the visually impaired vary greatly among the regional education programs. Some have developed innovative, comprehensive services. Others have just begun to recognize a responsibility in this area. Some regions encompass urban areas which have had services for the visually impaired for many years.

In order to assure identification, assessment, appropriate comprehensive educational services, and evaluation, it is imperative that the regional programs become legal administrative units with responsibility for and authority over all educational services for visually impaired children in their area of geographic responsibility.

Each region should provide the following services.

Regional Services

1. Identification

Department of Public Health is mandated the responsibility for vision screening. Regional education programs must work cooperatively with DPH and be assured that all appropriate referrals are provided them.

2. Assessment

Medical, social, and educational needs of each visually impaired child must be determined. This will require a team approach, utilizing regional program staff and other consultative assistance. In regions which cover a large geographic area, it is recommended that consideration be given to the establishment of a small residential unit so that children and their families may be brought to the center when necessary for assessment.

3. Comprehensive Education Programs

There is no one best educational program for visually impaired children, but there is a best educational service for a visually impaired child at a particular time in his life; therefore, a variety of service delivery systems must be available in each region. In order to assure appropriate placement, the following programs are considered necessary.

a) Parent-infant programs

For visually impaired infants, from birth to three years of age, some services are essential. These may vary from assisting a family with a referral for eye care to intensive educational intervention for a totally blind infant.

b) Pre-school services

A variety of services should be provided for visually impaired children, ages three through five. Included should be parent education, home instruction, enrollment in pre-school programs for non-handicapped children, and segregated group instruction for some visually impaired children with multiple handicaps or developmental retardation (Lowenfeld, B. The Visually Handicapped Child in School, John Day

Publishing Co., 1973, (Friaberg, S. and E. Edelson, "A Developmental Program for Blind Infants", Journal of Special Education, Summer, 1972).

c) Elementary and secondary school programs

There continues to be an unrealistic "value" placed on certain service delivery systems for visually impaired children. Itinerant services are not more desirable than self-contained classrooms. Each may meet the educational-developmental needs of individual children. Therefore, each region should attempt to develop a variety of service delivery systems, including, but not limited to, the following:

1) Consultant services

Some visually impaired children, whose handicaps are minimal, may not need direct special education services. The regional consultant may need only to discuss physical needs (lighting, seating placement, etc.) with the classroom teacher and the building principal. Certain specialized materials may also be provided. For such children in rural areas, only occasional direct contact may be necessary.

2) Itinerant services

There are a few blind and many partially seeing children who will need periodic direct supplementary educational service from an itinerant teacher. Children will be enrolled in appropriate regular classrooms with special education service provided on an individual basis. Such service may be needed every day, or less frequently, depending on need. Itinerant teachers may serve a wide geographic area, and geography may dictate the amount of teaching time for each child.

3) Resource room services

For those children in need of more intensive specialized instruction, but who can benefit from regular classroom placement, resource rooms staffed by highly skilled teachers are needed in every region. These programs are vital for both blind and partially seeing children. For functionally blind children with no significant additional handicaps, resource programs are particularly necessary at the elementary level.

4) Self-contained classroom services

There are visually impaired children who, because of developmental retardation or additional handicaps, will need an educational program specific to their needs. These are children who would not benefit from regular classroom placement. They should have provided for them a self-contained classroom with a specialized teacher capable of programming for individual needs.

5) Specialized Services

Instruction in Orientation and Mobility

Instruction in Career Education

Instruction in Learning by Listening

Instruction in Motor Development

Instruction in Social Skills

Instruction in Living Skills

Instruction in Human Sexuality

Instruction in Use of Leisure Time

These areas are identified as educational needs which may create specific problems for the visually impaired and instruction in these areas may not be adequately met in regular classrooms. If teachers of the visually impaired employed by the regional center cannot meet the needs of their students in these areas, specialized instructors should be employed and instructional time be provided.

The issue which regional programs must face is that geographic factors must not be primary in determination of service delivery. Regions must work to minimize geographic effects and maximize their potential for delivery of appropriate services to each visually impaired child. Regional programs can draw on a large enough population to justify a variety of services. Many local districts, and even joint agreement programs, do not have the population base to do this.

Minimal Staff Requirements

In each regional program, the following should be considered minimal staff needs in each area of services to the visually impaired child.

1. Consultant in Education of the Visually Impaired

   Qualifications:

   Meets state requirements for certification in education of the visually impaired.

At least three year's experience in teaching the visually impaired.

Demonstrated supervisory ability.

Responsibilities:

Initiating, coordinating, supervising, and evaluating all services for the visually impaired.

Identification, assessment, appropriate educational placement, evaluation of all visually impaired children.

Work with all necessary ancillary personnel.

Provide consultant service to schools and teachers where direct educational services are not necessary.

2. Parent-Infant Educator

Depending on population, this person may work with only visually impaired infants (0-3) and their families, or with all infants who meet the criteria for service from the region. The former is more ideal, because loss of vision creates unique sensory and developmental needs.

Qualifications:

Education and experience in infant growth and development, in atypical growth and development, and in education of the visually impaired. It may not be possible to employ staff with this combination of skills, but a solid background in normal infant growth and development is considered essential.

Responsibilities:

Will be determined by the Regional Consultant, but it is expected that the primary duty would be counseling, referral, and instruction in the home.

3. Pre-School Educator

Depending on population, this person may work with only visually impaired pre-schoolers (3-5), and their families, or with a combination of pre-schoolers who meet the criteria for service from the region. The former is more desirable, because loss of vision creates unique developmental and cognitive needs.

Qualifications:

Education and experience in normal child growth and development and state certification in education of the visually impaired.

Responsibilities:

Facilitating enrollment of preschool visually impaired children in normal nursery schools.

Developing individual and group programs for visually impaired children who need instruction specific to their impairment.

Counseling parents and families to ensure parental involvement in educational program, and to assist families in obtaining appropriate ancillary services.

4. Teachers of the Visually Impaired

Qualifications:

State certification in education of the visually impaired.

If required, certification in education of the deaf/blind and/or the multiply-handicapped.

Responsibilities:

As specified in program descriptions.

Involvement as one member of the assessment team.

Staff Requirements:

Depending on population, and to a lesser extent, on geography, each region should have at least one:

Itinerant teacher

Resource teacher

Self-contained classroom teacher

Teacher of deaf-blind and/or teacher of multiply handicapped

In general, maximum class sizes should be:

Itinerant program -- 10

Resource program -- 8

Self-contained classroom -- 6-8

Deaf-blind program -- 3

Program for multiply handicapped -- 3-5

5. Specialists in Education of the Visually Impaired

Every region should employ at least one orientation and mobility instructor. The State must establish certification requirements for this position so that instruction in orientation and mobility becomes a standard educational service for visually impaired children and youth.

Regions should employ orientation and mobility instructors who are interested in and capable of providing instruction in developmental movement, motor coordination, spatial concept development, use of low vision in travel, and independent travel skills. The number of orientation and mobility instructors should be determined on the basis of numbers of children in need of such service. No instructor should serve more than eight children at any given time.

It is recommended that three service delivery systems be retained for education of visually impaired children:

a) Regional Education Programs

b) The Illinois Braille and Sight-Saving School

c) Private facilities, such as private schools in Chicago, Hope School, etc.

To retain day school programs in local districts and in programs provided by joint agreements will seriously impede the development of regional services.

It will result in two or more mutually exclusive programs whose geographic boundaries overlap. In such a situation, children's individual needs are less likely to be met, children are more likely to fall between gaps in services, supervision will not likely be specific to the disability and necessary specialized ancillary services will be more difficult to provide.

Therefore, it is recommended that current public educational services being provided for visually impaired children become the financial, administrative, and supervisory responsiblity of the Regional Education Programs.

The State's residential school for the visually impaired must continue as a vital service in the State. Its continued service to children who, because of geographic location or limitations in regional programs, cannot be adequately served must be well-defined and understood by the staff of all Regional Education Programs.

Further, it is recommended that appropriate staff from each Regional Education Program, representatives form the IOE, and administrators of the Illinois Braille and Sight-Saving School meet together periodically to:

1. Define and articulate the current roles of regions and the residential school in order to ensure the best educational placement of each visually impaired child.
2. Explore new and different roles for the residential school. Examples may be: a) development of a career education center

for many visually impaired children in the state; b) a comprehensive program in independent living skills; c) a specific program for the development of academic skills for newly-blinded adolescents; d) an assessment center available to all Regional Education Programs. Short-term services in these and other areas for visually impaired children being served by regional programs may be appropriate for the residential school.

Private facilities which are capable of providing services deemed not feasible for regions should be continued and strengthened.

In order to illustrate some of the recommendations and suggested program, reference is made to two specific Regional Education Programs.

The South Metropolitan Association appears to come closest to recommendations made concerning administrative structure within the state. Its services for the visually impaired are good, but could be improved. There are local district programs still in existence in the region, which cause some confusion regarding the continuity and comprehensiveness of service. The consultant in visually impaired is not full-time. The population base as compared to the number of visually impaired children receiving service strongly suggests that identification is a problem. The region offers no program for the deaf-blind or for multiply handicapped visually impaired. An arbitrary decision has been made, resulting in resource rooms for elementary level students and itinerant services at the secondary level.

SMA should consider offering all alternative service delivery systems as herein described. If this were accomplished, programs would be available to meet the individual and changing needs of children, rather than requiring children to fit the needs of a specific type of program. The density of population and comparatively small geographic area of this region suggests that very few children would need the long-term program of the residential school. Hence, geography should not be a determining factor for service within this region.

In contrast, consider the Southern Illinois Association. Thus far, the regional program has had minimal effect on services for the visually impaired. Several local programs do exist which pre-date the establishment of the regional program. These programs should become the administrative responsibility of SIA, and SIA should immediately employ a qualified consultant in Education of the Visually Impaired.

Screening and identification must be provided in order to locate and identify all visually impaired children who may need regional services. Assessment for each child should follow. This might be accomplished in several ways. The Regional Educational Program may develop its own assessment team which could either travel to the child's community or have the child and his family brought to a central location with residence facilities. If a thorough assessment is not possible within the region, it is suggested that SIA explore the assessment facilities of the residential school. SIA should provide an itinerant parent-infant educator and an itinerant pre-school teacher. A combination of services as listed in the program description should be provided, including instruction in orientation and mobility.

It is recognized that geographical boundaries make SIA vastly different from SMA. For most of SIA's region, only itinerant services are feasible. For some visually impaired children who live in rural, remote areas of the region, it is probable that the only feasible program is the residential school. This will be particularly true of functionally blind children. Therefore, it is imperative that this region establish a close liaison with the Illinois Braille and Sight-Saving School. There are other alternatives, such as placement for four nights per week in a foster care setting in an urban community. But alternatives cannot be explored until SIA has a legal commitment to serve all visually impaired children in its region and the professional personnel to provide all necessary services.

These brief statements about the SMA and the SIA programs are to be viewed only as illustrations of problems in the regional programs that can be relieved by the comprehensive program we have described.

4. A COMPREHENSIVE PROGRAM FOR ORTHOPEDICALLY IMPAIRED CHILDREN

The provision of educational and related services in a broad sense to a defined population of individuals who reside within a delineated geographic area is an efficient and effective plan. In accordance with this regionalization concept the State of Illinois must assume the mandate that all orthopedic and other health impaired children between the ages of three and 21 are to be educated and provided services related to their physical conditions.

It is essential that each region develop within its own boundaries a system compatible with every other region in order to provide for a transitory population. Each region should singly and jointly develop a plan which will provide for identification of orthopedic and other health impaired minors, allow for easy access to appropriate programs and services, including transportation; distribute services equitably; assume fiscal responsibilities; determine manpower required; inventory and share cooperatively agency resources. It is imperative that a plan be made for the continuing education of all professional personnel on how to use the system if it is to be implemented effectively.

Development of such a plan should include operational definitions of what is meant by an orthopedically impaired child and by an "other health impaired" child. These terms are widely used but without, seemingly, any well-accepted definitions other than how they are defined by local school districts.

Programs and services for orthopedic and other health impaired in the State of Illinois must meet the following criteria if a comprehensive statewide program is to be developed:

1. Each region shall develop a system for the identification of the orthopedic and other health impaired child at the earliest possible age. Public health agencies, public welfare agencies, and other related service agencies, as well as private physicians and parents, shall be encouraged, and in some instances required to report to a central information center the existence of an orthopedic or other health impaired child.

2. Each region shall develop a system for assessing the needs of and prescribing for the educational and physical services required for each identified child. This assessment shall include, but not be limited to:

a) physical diagnosis, prescription for remediation, prognosis;
b) level of intellectual functioning within an overall potential;
c) level of social and emotional maturity;
d) generalized educational placement, i.e. public school, private placement, institutional placement, etc.;
e) potential for vocational training;
f) analysis of communication skills.

3. Each region shall establish within each local public school system a placement committee which will receive all information acquired by the regional assessment system. This placement committee shall consist of, but not be limited to, a special education administrator, diagnostic teacher,

physician, and a psychologist. The parent or his designated representative may be included during the time his child's program is being determined. The placement committee shall have the responsibility for determining the type of program necessary for each child and enrolling him in that program. Frequent re-evaluation of each child's placement is necessary so that as progress occurs, placement may be changed.

4. Each region shall develop educational programs as indicated by population which offer academic instruction, physical therapy, occupational therapy, speech therapy, counseling and guidance, psychological service, remedial physical education, recreation, and parent education. The composite of the above shall be considered as the total educational service required to serve the orthopedic and other health impaired child.

5. In order to accomodate the wide range of physical and educational needs evidenced by orthopedic and other health impaired pupils, each region shall provide the following types of programs:

a) Special Day Classes -- a class established for a group of pupils with educational and physical handicapping conditions so severe that they cannot be enrolled in a regular school.

b) Integrated Classes -- a class in which orthopedic and other health impaired pupils receive their education in regular classrooms from regular teachers but receive, in addition, supplementary teaching services and physical treatment procedures as indicated.

c) Regular Day Classes -- a program of assistance to orthopedic and other health impaired pupils enrolled in regular day classes who require special services and equipment beyond the services provided to pupils not determined to be orthopedic and other impaired to benefit fully from the regular classroom instruction. Such services may include, but are not limited to, supplemental teaching, transportation, teaching aides, and specialized equipment.

d) Remedial Instruction -- a class provided orthopedic and other health impaired pupils who are excused in small numbers, not to exceed one class period or one hour from their regular or special program. Remedial instruction refers to speech therapy, remedial physical education, and remedial instruction for the multihandicapped orthopedic and other health impaired child, i.e., deaf-cerebral palsied or blind-muscular dystrophy.

e) Individual Instruction -- a program of individual instruction to orthopedic and other health impaired pupils in hospitals, sanitoriums, preventoriums, or in the home.

6. Each region shall organize its special day class program for orthopedic and other health impaired as an integral part of the regular public school in order to facilitate maximum integration. No more than eight classes shall be housed on any one regular school site.

7. Each region shall provide programs for orthopedic and other health impaired children between the ages of 18 months and three years which have a strong emphasis on physical, occupational, speech and language therapy, and parent education.

8. Each region shall employ or arrange for services through agency contractual agreement, i.e. Crippled Children's Services, the following personnel:

a) Program specialist in classroom instructional services for the orthopedic and other health impaired;
b) Physical therapy supervisors;
c) Occupational therapy supervisors;
d) Speech and language development supervisors;
e) Medical supervisors (physicians);
f) Supervising psychologists;
g) Remedial physical education and recreation supervisors.

9. Each program within the region shall have the following specialized staff:

a) Teachers;
b) Physical therapists;
c) Occupational therapists;
d) Speech and language therapists;
e) Medical consultants;
f) Social service consultants;
g) Nurses;
h) Medical specialists;
i) Consultants in other areas of handicap, i.e. hearing specialists, vision specialists;
j) Classroom and therapy aides.

10. Each region shall develop secondary programs within the regular high schools which provide a total educational service as indicated in Point 4.

11. The maximum class size for any special day class and integrated class shall be as follows:

- Eighteen months to three years - 6
- Three years through eight years - 10
- Nine years through 21 years - 12

12. Each program within the region shall plan physical facilities and equipment which are designed to minimize physical disabilities. These facilities shall include the following areas:

a) Instructional areas (classrooms);
b) Medical treatment unit (physical and occupational therapy, clinic, conference, and activities of daily living);
c) Nurse;
d) Toilets;
e) Storage;
f) Workrooms;
g) Conference;
h) Speech therapy;
i) Offices;
j) Waiting room;
k) Feeding service.

It is recommended that an eight-classroom unit on the site of a regular school be authorized, including classroom space and necessary functional areas, a medical treatment unit, and space for a speech therapist. It is further recommended that consideration be given to the development of the open space plan in order to facilitate full and flexible utilization of the space by students and staff. Special attention needs to be given to toilet areas in order to utilize devices which have been recently developed.

13. Each program within the region shall be supplied with furniture and equipment designed for the orthopedic and other health impaired child. Appropriate instructional materials shall also be provided.

14. Each program within the region shall develop an education program for parents or guardians which will, as much as possible, carry over the school program into the home.

15. Each region shall develop a system for evaluating pupil achievement in the academic, physical, and social areas. Such evaluation shall be made available at reasonable intervals to the child's parents or guardians, the regional assessment team, and the placement committee.

16. Each region shall develop a plan for coordinating all available service for the orthopedic and other health impaired made available by all public and private agencies.

II. EVALUATIONS

5. THE CHICAGO PUBLIC SCHOOL PROGRAM FOR LOW INCIDENCE DISABLED CHILDREN

While educational services for disabled children and youth between the ages of 3 and 21 years were mandated by the state of Illinois in 1969, the city of Chicago has provided programs for such pupils since before the turn of the century. Its dedication to serving disabled children is exemplary and some of its programs could serve as models for other parts of the state and indeed of the nation. Some of those programs are described in this chapter, but the main task here is to present information on the administration, fiscal management, supervision, delivery of services, and identification procedures for children and youth with hearing, visual, or orthopedic impairments in the Chicago Public School System as a prelude to listing problems in the city's program for those students and as a basis for the recommendations for improvements in the programs.

Administration

Administratively, the Chicago Public School System has adopted a decentralized structure which consists of twenty-seven districts within three geographic areas (Area "A", Area "B", and Area "C"). According to the single line organizational chart provided to this study (see next page), the school principals are responsible to the Board of Education through their District Superintendents, Area Superintendents, the Deputy Superintendent, and the General Superintendent. The Genral and Deputy Superintendents each have a staff of eight Associate or Assistant Superintendents who are assigned specific spheres of influence. Ms. Louise G. Daugherty, the Assistant Superintendent for Pupil Personnel Services and Special Education, is one of the staff members for the Deputy Superintendent and is primarily responsible for special education services within the Chicago Public School System. Ms. Daugherty has divided the lines of authority within her department among six bureaus, as shown in Figure 3. One of these is the Bureau of Special Education headed by Ms. Elberta Pruitt, the Director of Special Education. Ms. Pruitt has her Master of Arts degree and has accumulated 72 additional graduate hours of academic credit. All of the course work for her Doctorate has been completed. She has certification as a teacher and as a principal and has state approval to serve as a director.

All programs for low incidence disabled students in the Chicago public schools are within Ms. Pruitt's range or responsibilities through the Bureau of Physically Handicapped Children headed by Dr. Carol M. Crotty. Dr. Crotty has her Ph.D. and certification for 3-8 Elementary. Her duties consist of administering city-wide programs in five divisions within the Bureau. There are divisions for the orthopedically impaired, the visually impaired,

FIGURE 2

ORGANIZATION CHART FOR CHICAGO PUBLIC SCHOOLS

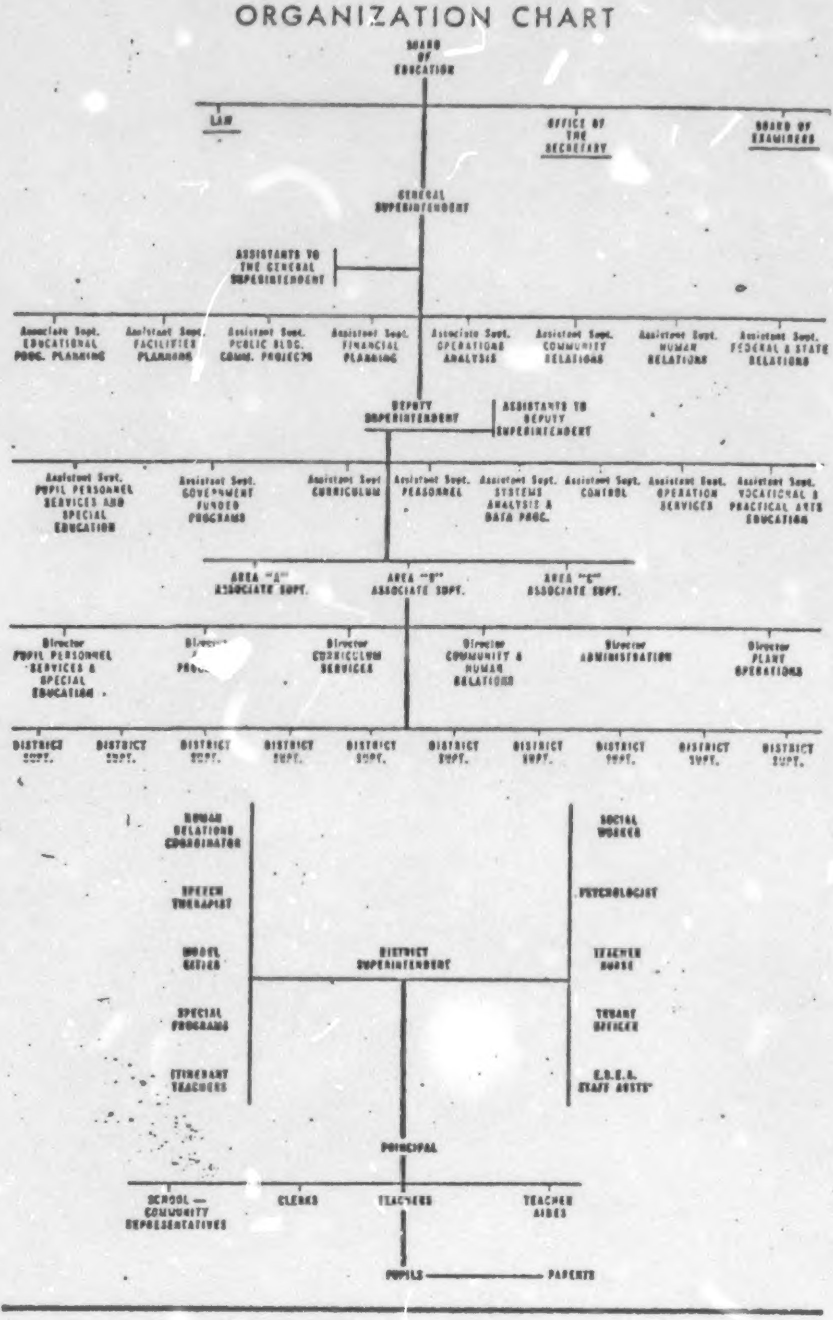
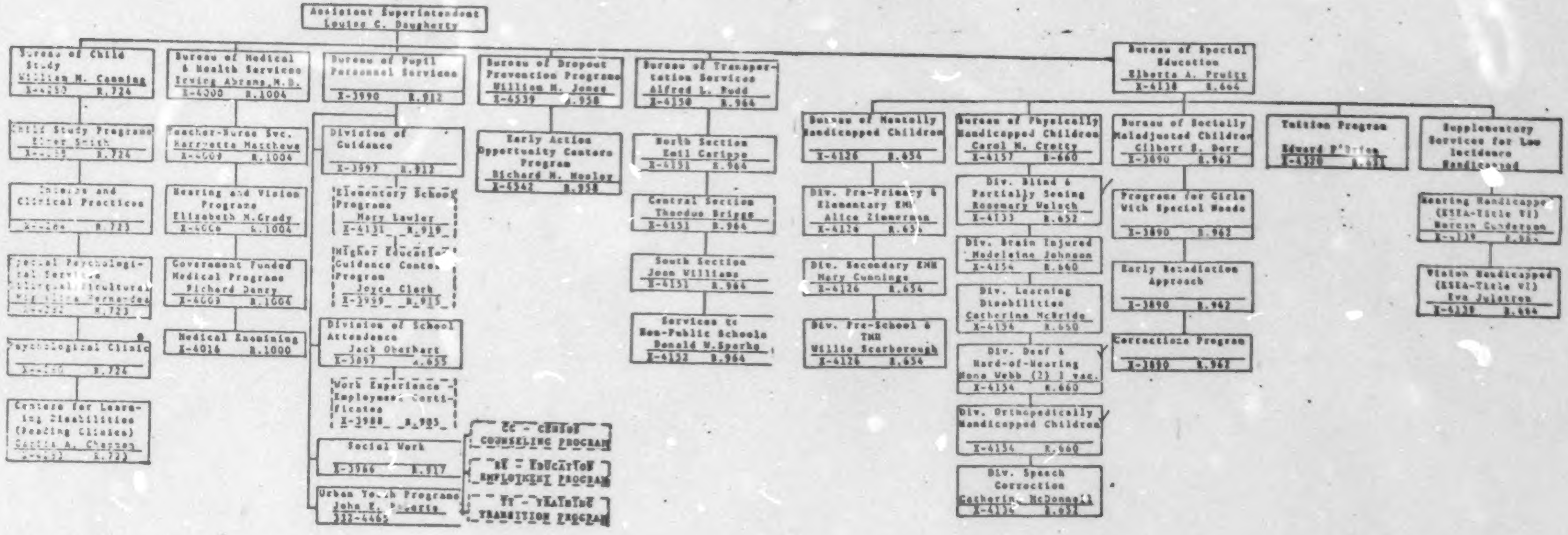

ORGANIZATION CHART
BOARD OF EDUCATION
LAW
OFFICE OF THE SECRETARY
BOARD OF EXAMINERS
GENERAL SUPERINTENDENT
ASSISTANTS TO THE GENERAL SUPERINTENDENT
Associate Supt. EDUCATIONAL PROG. PLANNING
Assistant Supt. FACILITIES PLANNING
Assistant Supt. PUBLIC BLDG. COMM. PROJECTS
Assistant Supt. FINANCIAL PLANNING
Associate Supt. OPERATIONS ANALYSIS
Assistant Supt. COMMUNITY RELATIONS
Assistant Supt. HUMAN RELATIONS
Assistant Supt. FEDERAL & STATE RELATIONS
DEPUTY SUPERINTENDENT
ASSISTANTS TO DEPUTY SUPERINTENDENT
Assistant Supt. PUPIL PERSONNEL SERVICES AND SPECIAL EDUCATION
Assistant Supt. GOVERNMENT FUNDED PROGRAMS
Assistant Supt. CURRICULUM
Assistant Supt. PERSONNEL
Assistant Supt. SYSTEMS ANALYSIS & DATA PROC.
Assistant Supt. CONTROL
Assistant Supt. OPERATION SERVICES
Assistant Supt. VOCATIONAL & PRACTICAL ARTS EDUCATION
AREA "A" ASSOCIATE SUPT.
AREA "B" ASSOCIATE SUPT.
AREA "C" ASSOCIATE SUPT.
Director PUPIL PERSONNEL SERVICES & SPECIAL EDUCATION
Director PROG
Director CURRICULUM SERVICES
Director COMMUNITY & HUMAN RELATIONS
Director ADMINISTRATION
Director PLANT OPERATIONS
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
DISTRICT SUPT.
HUMAN RELATIONS COORDINATOR
SPEECH THERAPIST
MODEL CITIES
SPECIAL PROGRAMS
ITINERANT TEACHERS
DISTRICT SUPERINTENDENT
SOCIAL WORKER
PSYCHOLOGIST
TEACHER NURSE
TRUANT OFFICER
E.S.E.A. STAFF ASSTS
PRINCIPAL
SCHOOL — COMMUNITY REPRESENTATIVES
CLERKS
TEACHERS
TEACHER AIDES
PUPILS
PARENTS

FIGURE 3

ORGANIZATION CHART--DEPARTMENT OF PUPIL PERSONNEL SERVICES AND SPECIAL EDUCATION


Assistant Superintendent
Louise C. Daugherty
Bureau of Child Study
William M. Canning
R.724
Child Study Programs
Elmer Smith
R.724
Clinical Practices
R.723
Special Psychological Services
Migdalia Fernandez
R.723
Psychological Clinic
R.724
Centers for Learning Disabilities (Reading Clinics)
R.723
Bureau of Medical & Health Services
Irving Abrams, M.D.
X-4000 R.1004
Teacher-Nurse Svc.
Harryetta Matthews
R.1004
Hearing and Vision Programs
Elizabeth M. Grady
R.1004
Government Funded Medical Programs
Richard Danry
R.1004
Medical Examining
X-4016 R.1000
Bureau of Pupil Personnel Services
X-3990 R.912
Division of Guidance
X-3997 R.912
Elementary School Programs
Mary Lawler
X-4131 R.919
Higher Education Guidance Center Program
Joyce Clark
X-3999 R.915
Division of School Attendance
Jack Oberhart
X-3897
Work Experience Employment Certificates
X-3988 R.905
Social Work
X-3966 R.917
Urban Youth Programs
John E. Roberts
332-4465
CC - CENSUS COUNSELING PROGRAM
EE - EDUCATION EMPLOYMENT PROGRAM
TT - TRAINING TRANSITION PROGRAM
Bureau of Dropout Prevention Programs
William H. Jones
X-6539 R.958
Early Action Opportunity Centers Program
Richard H. Mosley
X-6542 R.958
Bureau of Transportation Services
Alfred L. Rudd
X-4150 R.964
North Section
Emil Caripeo
X-4151 R.964
Central Section
Theodus Briggs
X-4151 R.964
South Section
Joan Williams
X-4151 R.964
Services to Non-Public Schools
Donald W. Sparks
X-4152 R.964
Bureau of Special Education
Elberta A. Pruitt
X-4138 R.606
Bureau of Mentally Handicapped Children
X-4126 R.654
Div. Pre-Primary & Elementary EMH
Alice Zimmerman
X-4126 R.654
Div. Secondary EMH
Mary Cunnings
X-4126 R.654
Div. Pre-School & TMH
Willie Scarborough
X-4126 R.654
Bureau of Physically Handicapped Children
Carol M. Crotty
X-4157 R-660
Div. Blind & Partially Seeing
Rosemary Walsch
X-4133 R.652
Div. Brain Injured
Madeleine Johnson
X-4154 R.660
Div. Learning Disabilities
Catherine McBride
X-4154 R.650
Div. Deaf & Hard-of-Hearing
Nona Webb (2) 1 vac.
X-4154 R.660
Div. Orthopedically Handicapped Children
X-4154 R.660
Div. Speech Correction
Catherine McDonnell
X-4154 R.652
Bureau of Socially Maladjusted Children
Gilbert S. Dorr
X-3890 R.962
Programs for Girls With Special Needs
X-3890 R.962
Early Remediation Approach
X-3890 R.962
Corrections Program
X-3890 R.962
Tuition Program
Edward P'Brien
Supplementary Services for Low Incidence Handicapped
Hearing Handicapped (ESEA-Title VI)
Marcia Gunderson
Vision Handicapped (ESEA-Title VI)
Eva Julstron
X-4138 R.606

the hearing impaired, the learning disabled, and those needing speech correction. Ms. Pruitt is also responsible for programs funded by Title VI and Title I, P.L. 89-313 Public.

Potentially the single line of authority leading to the Board of Education should be an advantage over the various regional programs in the state for low-incidence disabled children. Regional programs must work with many boards of education and superintendents, whereas the Chicago Public School System has only one board and one General Superintendent. But this potential advantage has been thwarted by Chicago's decentralization efforts. As in other areas of the state, the local districts in Chicago are primarily responsible for providing educational services for the children within their boundaries. Thus, one can find wide diversity in the quality of services being provided and three administrative levels between those who may have questions in the local schools and those with answers at the top administration and Board of Education levels.

The Chicago Board of Education has final approval authority for all issues relative to education in the public schools. However, a Council for the Department of Special Education serves in an advisory capacity on special education. This council is made up of six parents or community representatives and three professionals in special education from each of the three geographic areas, six representatives from nonpublic schools, ten representatives from public agencies serving disabled persons, 15 representatives from local universities and hospitals, and 29 representatives from various types of civic, religious, charitable, professional, and parent organizations. These 96 council members meet three times each year, and the 30-member Executive Council meets six times a year to discuss the application or preparation of proposals for funding, budgets, and matters of general concern.

Decentralization in the Chicago Public Schools has also led to the establishment of neighborhood (district level) Community Councils and Area level Citizen Councils. These Councils were to be advisory in nature and were established for the purpose of giving citizens a feeling of responsibility for the schools in their neighborhoods. It appears that the advisory nature of these councils has expanded to include veto power over the location of classes for disabled children within particular neighborhoods.

Fiscal Management

The fiscal management portion of this report will concentrate only on Title I, P.L. 89-313 Public Funds and Title VI B Title VI funds have been available to the Chicago Public Schools since 1968 when $2,435 was awarded. This figure has consistently grown until the 1974-75 school year when the Chicago Public Schools were awarded $415,000. About $200,000 of the $415,000 was withheld until late March of 1975. Since this was too late in the school year to employ new staff and implement new programs, the Chicago Public Schools requested and received approval to carry this $200,000 over into the 1975-76 school year. It is also anticipated that Chicago will receive approximately $1,800,000 in Title VI funds for the 1975-76 school year. Title I, P.L. 89-313 funds were not available to the public schools of Chicago until the 1974-75 school year when $320,000 was awarded. It is anticipated that approximately $700,000 will be awarded for the 1975-76 school year.

The Finance Department of the Chicago Public Schools is responsible for more than 200 programs involving more than 250 million dollars annually. This Department is organized into four responsibility groups:

a) Accounting -- this group is responsible for data collection for reimbursable programs, cost accumulation on a project (fund) basis, and maintenance of formal accounting records.

b) Claims Preparation -- this group is the research arm of the Finance Department. It receives information from the accounting section and claims are prepared for remittance to the State. This operation is assisted through the use of a computer.

c) Operations -- this center is further de-centralized into four sub-groups:

   1. Personnel -- this group is responsible for all hiring. Positions must first be approved before they are offered to potential employees. Once an applicant has been selected, personnel gives final approval to the selection.

   2. Requisition and purchase orders -- this group is responsible for the completion of forms and their dissementation. It is responsible for the encumbering process and the liquidation of encumbrances prior to the close of grant periods.

3. Budget section -- this section performs analytical work and is responsible for negotiations with funding agencies at the State and National level. The Program -Finance Position in the Department of Special Education (Dr. Rinewald) funded through Title I, P.L. 89-313 is closeely associated with the functions performed by this section.

4. Property control -- this group is responsible for seeing that all items are inventoried and listed by source and location.

d) Audit -- this section is responsible for all internal financial auditing of the Chicago Public Schools.

Supervision and Services

The supervision and services sections of this report will be considered by disabling condition, and will deal only with programs for hearing, visually, orthopedically, and multiply impaired children and youth. An overall picture of the students and staff in special education by disability is shown in Figure 4.

Hearing Impaired

There are two consultants who work for the Director of Special Education in the area of the hearing impaired. One of these consultants is paid from local funds and the other from funds from Title VI. The first has a Master of Education degree with a concentration in education of deaf children and has certification for deaf and kindergarten primary classes. Her duties consist of consulting to the city-wide program in education of deaf pupils. This includes non-categorial, itinerant, elementary, and secondary programs. She also supervises projects for hearing-impaired students funded through Title I, P. L. 89-313 Public. Seventy-five percent of her time is spent in the following activities:

FIGURE 4

SPECIAL EDUCATION

PROGRAMS FOR THE PHYSICALLY HANDICAPPED, CHICAGO PUBLIC SCHOOLS, 1975

Category	Elementary Pupils	Secondary Pupils	Staff	Waiting List
Orthopedically Handicapped	1,139	432	261	
Home	95	55	29	17*
Hospital	309	144	45	
Learning Disabilities				
Clinics	2,150		43	
Itinerant	632		42	
Moderate	4,552	401	375	
Severe	324		51	
Deaf	466	220	154	
Hard of Hearing	229	#	29	**
Blind	112	34	30	10%
Deaf-Blind	17		4	
Partially Seeing	549	154	83	
Speech Correction	11,960	676	202	13,890***
Non-Categorical	540		42	25%
Total	23,057	2,116	1,390	13,942

Categorized under deaf; higher level of teacher training
**Itinerant service for moderate losses under development
% Staffing in process

***Prevalency rate - 5%
* In process

30% in direct professional supervision,

25% in administrative programming,

10% in the training of other staff,

10% in the staffing of cases and city-wide placement of children in programs and ordering visual aid equipment.

The second consultant has a Ph.D. in Education with concentrations in Education of the Hearing-Impaired and Diagnosis of Auditory Disorders. He has certification for teaching hearing-impaired pupils and regular classes, grades 3 - 8. His duties consist of consulting in regard to Title VI activities and are broken down as follows:

30% in Administrative Programming,

15% in business/financial administrative work,

15% in report writing,

12% in record keeping,

10% in direct professional supervision,

10% in training of other staff,

5% in consultation with other supervisors,

3% in travel.

One other person works in the Central offices for a media project for hearing impaired students. This person has a Master of Arts degree with 36 additional hours of graduate work and a principal's certificate. Her duties consist of coordinating REMIS and the city-wide Cooperative Work Training Program for Low-Incidence Severely Handicapped students.

Within the Chicago Public School System there are five centers for deaf students and eleven schools with special divisions for deaf students. The five centers serve 466 deaf pupils of elementary age, and 220 deaf or severely hard-of-hearing students of secondary age are served by the eleven schools with special divisions. A total staff of 154 serves these 686 students. There are also eleven schools that have divisions for hard-of-hearing students and serve 229 students at the elementary level with a staff of 29 people. According to the available data, all secondary age severely hard-of-hearing students are given instruction with the deaf students.

A site visit team spent two days visiting professional staff and schools serving low-incidence disabled children. One of the team members concentrated on programs for hearing impaired pupils and visited two centers for deaf students (One in Area "A" and one in Area "C"), a school with a division for hard-of-hearing students, and a high school under construction that will have a division for deaf students.

The Alexander Graham Bell School, located in Area "C", serves primarily deaf students from age 3 through the elementary years. The school has 37 teachers with training in education of deaf children, and some of these have additional training for working with students who have learning disabilities. The teachers are graduates from several universities and approximately 50% of the staff did their student teaching at Bell. A philosophy of "total communication" is employed at the school with classes in manual communication being offered for teachers, parents, and hearing students, and a program is provided for teaching bilingual Spanish signs to Spanish speaking parents. The school also maintains a Non-Categorical Clinic in which young disabled children are placed to confirm diagnoses and to make future educational plans. A speech teacher and a teacher of deaf children are primarily responsible for this program with the assistance of a nurse and a psychologist. The school also has five resource teachers, among whom are a media specialist, an auditory training specialist, two team leaders, and one special teacher of speech.

There are two classes at Bell that integrate hearing impaired and hearing children. One class is in the lower primary area and has 25 hearing students and 7 hearing-impaired students. The two teachers, one a teacher of deaf children and the other a teacher of primary children, have individualized the program with the objective of helping the deaf children to socialize with hearing children and to increase the hearing children's awareness of the problems of deafness. A second class is taught by a teacher of deaf children and has 7 deaf primary aged children and 5 hearing children with language problems. The objective of this class is to improve the language of the hearing children. Other deaf students are integrated in art, gym, and in an individualized reading program.

The other center visited by team members is located in Area "A" on the South side of Chicago. Percy School has 60 deaf children and 13 teachers. It was noted that the classrooms were not accoustically treated, the lighting was inappropriate, and there were inadequate electrical outlets for amplifying equipment. The team members also noted two classes in a single room in two places at this school. Two other classrooms had been made from a lounge and a conference room and were inadequate in size.

The Jamison School has 34 hard-of-hearing students enrolled and three teachers to serve them. These students spend 2 - 3 periods a day in the resource room with the teacher of the hard-of-hearing. The remainder of the day is spent in regular classes. All three teachers have their Master's degrees and appeared to be well qualified.

Visually Impaired

There are two people working in the area of visual impairment in the central office. One of them is funded locally for 95% of her salary,with the remaining 5% being paid from Title I, P.L. 89-313. The other person is funded totally from Title VI funds. The person funded on a local basis is a consultant to the city-wide program of services to blind and partially seeing children. She works with school administrators throughout the city to plan, develop, and analyze needs for new programs. Additionally, she participates in staffings for all children referred for blind or partially seeing placements and supervises those aspects of Title I, P.L. 89-313 that have blind or partially sighted children as part of the target population. She has a Master of Education degree and has accumulated an additional 80 graduate hours of academic credit. She spends her time as follows:

60% Administrative Programming,
15% Staffings and placement,
10% Direct professional supervision,
5% Business/financial administrative work,
5% Travel.

The remaining 5% of her time is spent in consultation with other supervisors, the training of other staff, report writing, and record keeping.

The person employed through Title VI as a Staff Assistant for the Visually Handicapped has a Master of Arts degree with an additional 26 hours of academic credit. She has certification from the city of Chicago to teach elementary grades 1-8; elementary Sight-Saving classes; and high school Sight-Saving classes. Her time is spent as follows:

20% Administrative Programming,

20% Direct professonal supervision,

18% Consultation with other supervisors,

15% Business/financial administrative work,

10% Report writing,

10% Record keeping,

5% Curriculum Committee work and child find activities,

2% Travel.

Chicago has six public schools at the elementary level with divisions for blind children serving 112 students and three at the high school level serving 34 students. A total of 30 staff members serve these blind students at all levels. There are also 17 deaf-blind students being served at the elementary level by four staff members. There are 27 elementary schools serving 549 partially seeing children and eight high schools with an enrollment of 154 such students. Eighty-three staff members serve these 703 students.

Site visit team members visited Skinner School and saw what they considered to be an exemplary Parent-Infant Institute for deaf-blind students funded by Title VI. The classrooms were large and equipped with appliances for cooking and facilities for teaching self-help skills. A multi-sensory approach using braille, manual communication, and amplification was being utilized. The teachers encouraged the students to use their residual vision and hearing. Parents come to the school on a regular basis for consultation and participate in classes with their children. Aides have been employed to care for the childrens' siblings while the parents are working or consulting with the teacher. Skinner School also has five classes for blind and five for partially-seeing students. All of these classes were on a field trip the day of the visit.

Orthopedically Impaired

There is no person working for the Division of Orthopedically Handicapped Children in the Bureau of Physically Handicapped Children. A position was open, but as of April 1, 1975, it had not been filled. Neither is there a coordinator working for orthopedically handicapped students under Title VI as there is for hearing and visually impaired students. The Chicago Public Schools do, however, provide extensive services for orthopedically handicapped children. Seven elementary schools serve 1,139 orthopedically impaired students in a school setting and 432 students are housed at the Jesse Spalding High School for Physically Handicapped Children. A total staff of 261 serves these 1,471 students and 95 elementary and 55 secondary age students are provided instruction at home by 29 staff members. As of April

1975, 17 more students were on a waiting list for the home service. An additional 309 elementary and 144 secondary age pupils are given instruction in hospitals with a total staff of 45.

Site visit team members visited a variety of classes at the Spalding School. Most of the classes visited were for nursery, kindergarten, or early elementary age pupils, the students at the high school level being in an assembly program at the time of the visit. The new addition to the Spalding School serves primary age children with additional handicaps. The school was well equipped with therapy apparatus and the team members noted six physical and occupational therapists working with the children. Developmental histories are kept on each child and the therapists chart each child's activities on a daily basis.

The older wing of the Spalding School was built in 1928 to accomodate orthopedically impaired children. The high school wing was added in 1942. Team members visited in one non-categorical class and one class for multiply handicapped deaf children in this facility. The teacher of the non-categorical class had a group in the morning and a different group in the afternoon. The classroom seemed small for the number and ages of the children. Four children were in the class for deaf students. Due to the age of the building the classroom did not appear conducive to learning, but the teacher had tried to make it as pleasant as possible. The teacher uses

"Total Communication," but the auditory equipment in the classroom was not in satisfactory condition.

Identification Procedures

An important aspect of any educational program for handicapped children is the procedures by which children are located and eventually placed in classes. In Chicago, the first step in getting a child placed consists of taking the child to its local school for registration. The registration form is sent to the local teacher-nurse who reviews it for indications of a severe problem. If such indications are present, the nurse is to gather any background information she can from medical or agency reports. If the child seems to be eligible for a program one of two things may occur. If the child is 3-4 years of age, he/she may be placed in a non-categorical class for further diagnosis. If the child is older, he/she is sent to the Bureau of Child Study. If the Bureau finds the child is elgible for a program, the case is coordinated with the Bureau of Physically Handicapped which plans for placement and transportation. These plans are then sent to the area level where the nurse or social worker helps the parents get the child to the assigned class.

It is important to note that procedures used for placement of blind and deaf children differ from those for partially seeing and hard-of-hearing children. Partially-seeing and hard-of-hearing children are evaluated and assigned to programs at the district or area level, whereas blind and profoundly deaf children are diagnosed and placed at the Bureau level. Admission procedures for orthopedically handicapped children require a referral by the child's physician to the Bureau of Physically Handicapped. This Bureau staffs the child and issues a permit for enrollments.

One site visit team member observed that some children were entered into the system by agency referrals alone at the Area and Bureau levels. At the Bureau of Child Study an average of approximately 700 children had received thorough psychological evaluations for each of the preceding three years. However, approximately 900 children had been placed in classes for blind or deaf pupils on the basis of a physician's or medical specialist's statement that the child was blind or deaf without further evaluation at the Bureau of Child Study.

Problem Areas

The data collected and the reports by site visit team members indicate that the following problems exist:

1. The decentralized structure of the Chicago Public Schools places three bureaucratic levels between the school principals and those working at the Board of Education level.

2. Citizen's Advisory Councils have apparently hampered the development of needed special education programs in various areas of the city.

3. There is a skeletal force of supervisory personnel in the Central Office and therefore it is difficult to carry out the requirements of mandated laws for disabled children.

4. Procedures for identification and placement are not followed consistently.

   a) Deaf and blind children are placed at the Bureau level while partially-seeing and hard-of-hearing children are placed at the area or district level.

   b) Publicity campaigns are infrequent and are directed at parents who are able to diagnose their child's problem or at least be suspicious that the problem exists.

5. The quality of services for low-disabled handicapped children is not equal across the city.

6. Chicago has approximately 29% of the State's school age disabled children but receives only 19% of the State's reimbursement funds and approximately 15% of the funds allocated through Title I, P.L. 89-313 Public.

7. Late approvals for project proposals at the Illinois Office of Education hinders the implementation of proposed activities.

Recommendations

These problems would indicate the following possible recommendations:

1. Special Education services for low-incidence disabled children should be centrally administered with established lines of authority to facilitate program coordination and information dissemination.

2. The number of supervisors at the Board of Education level needs to be increased in order that quality programs can be developed and improved in areas that currently do not have adequate services for low-incidence disabled children.

3. Identification and placement procedures for all low-incidence disabled children should be centrally administered to eliminate the diffusion of responsibility that currently exists.

4. Procedures for parents to follow in getting proper placement for their children must be widely publicized.

5. Consideration should be given for establishing a program to register and screen all children.

6. The Illinois Office of Education should give attention to the need for earlier approvals of proposed projects to facilitate the hiring of staff and program implementation.

7. The Illinois Office of Education should attempt to distribute available money for disabled children on a more equitable basis with Chicago receiving a share proportionate to the number of disabled children it serves.

8. The importance of programming for low-incidence disabled children in the 0-3 age range should be recognized by the Illinois Office of Education and legislation to mandate services for these children should be sought.

6. THE CHICAGO CONSORTIA FOR LOW-INCIDENCE DISABLED CHILDREN

The structure of the Chicago consortia -- the four groupings of private schools developed to administer Title I funds -- no longer exists as studied in this survey. In 1975/76 Cook County Superintendent Martwick will administer all Title I private funds available in Chicago, and the administration, distribution, and utilization of these funds will change dramatically So, to avoid writing history this report will focus on findings which may be useful in long-range planning of low-incidence programs in the private sector in Chicago. It will also emphasize those aspects of the Chicago situation which are common to many regions in which public school students are "excluded" to private programs.

Statistical Information

According to Board of Education statistics (April, 1975) the public schools in Chicago have "referred" children to a total of 143 private schools because appropriate public school programs are not available to them. Of these private schools 83 are located in Chicago. These 83 schools are receiving 2671 funds for educating students not admitted to the Chicago public schools.

During the fiscal year 1974-75, the year of this study, not all of these private schools received Title I funds. Title I monies instead were distributed through four "consortia," loose organizations of schools who had joined together for participation in the Title I private program. A total of 31 private schools belonged to the four consortia, the number of schools in each consortium ranging from 4 to 11. Participation in these consortia varied during the year, with some schools dropping out, others (on rare occasions) being admitted; some schools also participated in more than one consortium. These figures are thus approximate, but indicate that about one third of the private schools in Chicago receiving 2671 reimbursement were members of a consortium and thus received services through the Title I private program.

According to Board of Education statistics (April, 1975), there were 3,193 children who were excluded from the Chicago public school system and receiving 2671 reimbursement in 1975. According to information received from the consortia, member schools were serving a total of about 1,100 children, about one third of the eligible 2671 population.

The number of children sent to private schools after having been excluded from the Chicago public schools increased dramatically between 1973 (919) and 1974 (3,1393), according to Board of Education statistics of April, 1975. Depending on the definition of "low-incidence disability," somewhere between about 6% and 9% of low-incidence disabled children in Chicago are being educated in the private sector. A table categorized by disability follows, collated from Board of Education data. It should be noted that these figures are approximate, as different classification schemes had to be combined to present the data from public and private schools.

Private (2671) and Public Low-Incidence Disabled
Students in the City of Chicago, by Disability

Type of Handicap	Number of 2671 Students	Number of Public School Students	Percent in Private Programs
Blind	6	163	3.7
Deaf	4	915	.4
Learning Disabilities	134	8,059	1.7
Multiple Disabilities	673	---	100.0
Behavior Disorders	550	9,938	5.5
Retarded	1617	15,137	10.7
Orthopedic	209	2,175	9.6
TOTAL	3193	36,387	8.8

It is clear from this table that the rate of exclusion differs by type of disability. Blind children and deaf children are served mostly in the public schools, and so are children diagnosed as having a learning disability. Students with behavior disorders, orthopedic problems, and mental retardation are more often sent to private schools (the most severe cases in each category are the most likely to be "excluded," according to Board policy and information from private school administrators). All students classified as multiply disabled were served in private schools; although this may be an artifact of the category scheme used, it again indicates that the most severe problem cases are the least likely to be kept in the public schools.

Information collected from the consortia corroborates this analysis of Board of Education data: the majority of 2671 children are classified by private school administrators as retarded, and most retarded students are "severe" or "trainable",with a minority placed in the "educable" category. Although retardation is a primary handicap of these students, administrators noted that many of them have multiple handicaps. The second most frequent category of students excluded to private schools are students with severe emotional problems. Few of the students in these consortia schools are in the traditional low-incidence groups (blind, 2; deaf and hard of hearing, 5; partially seeing, 15; orthopedically handicapped, 4).

The typical student in these private schools, then, is either severely retarded or emotionally disturbed, often with secondary handicaps. This pattern appears to be typical of other regions in the State of Illinois, in which some children are not educated in the public schools because programs adequate to their needs have not been developed.

The Structure of Consortia: A brief overview

The four Chicago consortia were organized in response to a request by the former Office of the Superintendent of Public Instruction. According to this request, Title I money would be available if schools were able to organize and present joint proposals. Four consortia were able to thus organize and prepare joint proposals for Title I funds. In each case, one of the schools in the consortium was chosen as administrative agency for the consortium, and this school acted both as administrative and fiscal agent for all schools. Each of the four consortia also had a governing board composed of the directors of participating schools; at the beginning of the year 1974 these boards all had decision making power.*

The schools belonging to each of the consortia were recruited primarily through personal ties between directors or other knowledgeable persons influential in organizing the consortia. The schools belonging to each of the consortia are quite similar in the types of children they serve, except for one consortium to which primarily schools serving emotionally disturbed children were recruited. Although there is some differentiation in the types of services provided through Title I funds by each of the four consortia, there is also considerable overlap. The recruitment of schools into consortia thus was primarily accidental, rather than based on geographic criteria or criteria of functional differentiation or need.

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*In the spring of 1975, Richard Martwick, Superintendent of the Cook County ESR, took over as agent of one of the consortia, after responsibility for administering the consortium had changed twice. The governing board of this consortium was transformed into an advisory board. Administrative responsibility changed hands from one member school to another in a second of the four consortia.

The following sections are devoted to descriptions of each of the four consortia.

Physical Therapy Consortium (CARC)

The Chicago Association of Retarded Children (CARC) has 11 member schools in the Chicago area. On behalf of these schools, as well as two others not members of CARC, Gerald Friedman of CARC submitted a Title I proposal for FY 1974/75. It is our understanding that not all CARC schools benefited from the services rendered through this program.

The target population of this program was constituted of 44 non-ambulatory, trainable retarded children. Services provided through the Title I program included a physical therapist assigned to each participating institution (CARC, Abraham Lincoln Center, Ada S. McKinley Community Service).

In addition, CARC hired a home-bound coordinator, and the Abraham Lincoln Center a community worker. These persons provided direct services, and were assigned directly to member schools. In addition, the services of Edgewater Physical Therapy Associates were engaged for further physical therapy and occupational therapy. These therapists were assigned to participating schools on a part-time, but stable, basis. Each of these therapists provided direct services to specified individual children.

Observation of the operation of this program at one facility (Lakeview Learning Center, a member of CARC, started participating in the consortium in the Spring of 1975) leads to the conclusion that this program was used to maximum benefit: the physical therapist worked with the children, but simultaneously trained other staff involved in the handling of the child. She also cooperated with the school in the acquisition of needed equipment and facilties. In addition, the physical therapist was present during parent visits requested by the school, and parents were invited to observe physical therapy at any time. The physical therapist also consulted with parents concerning the purchase of equipment, such as wheelchairs. Therapy programs for children were written and copies available to parents. Lastly, the physical therapist participated in in-service training programs with the staff of Lakeview Learning Center.

The structure of this consortium was thus simple: it provided direct professional services to member agencies, partly on a full-time basis, partly on a time-sharing basis. A program coordinator was not required, and out of a grant of $85,000, $79,000 was used for services to children, parents, and teachers.

During FY 1975/76, member schools of this consortium will lose almost completely the physical therapy services provided by Title I, as Superintendent Martwick's proposal does not include direct services in this area, and additional cuts in funding were required. Although the new Title I proposal provides for in-service training in physical therapy, there will be no permanent physical therapy staff to receive the training, or to supervise teachers and others involved in the handling of the children. This will be a serious setback to the children involved as well as to their parents.

Cooperative for the Developmentally Disabled (CDD)

Unfortunately, we encountered some difficulties in obtaining information about the CDD from Mr. Ginsburg, the administrative agent. Information about this consortium is derived from the 1974/75 Title I proposal, and from a conversation with Mrs. Koterba, director of one of the member schools.

Mr. Ginsburg, of the Chicago School and Workshop for the Retarded, was the agent administering the Title I program for this consortium. The consortium included a total of nine member schools, with varied populations. Byron School (Chicago School and Workshop for the Retarded) serves primarily emotionally disturbed children, with secondary disabilities. United Cerebral Palsy Child Development Center and Augustana Pre-School Treatment Center serve mostly physically disabled youngsters, most of whom are also retarded. Other member schools serve severely retarded and multiply disabled children.

The Title I program for this consortium included the services of three speech therapists, a behaviorist, a psychologist, an occupational therapist, and a physical therapist. In addition, each participating school had planned to hire a paraprofessional, but reduction in funding of the proposal made this impossible.

A full-time coordinator supervised the programmatic aspects of this program. Out of a $75,000 budget, about $51,000 was spent for professionals providing direct services to children, the remainder for coordination and administration of the project.

According to Mrs. Koterba, the services rendered to member schools through these Title I personnel will not be continued next year under Superintendent Martwick's new proposal. Mrs. Koterba's school has enough resources to have a psychologist and speech therapists on the staff, but some of the other member schools are not so fortunate. Byron Center (Chicago Workshop), for example, will lose the services of a physical therapist; nine children in this school were seen once a week by the consortium therapist.

Mrs. Koterba regretted the decision to provide only indirect services to schools participating in the Title I program of 1975/76. As the director of a school with a well defined treatment philosophy, as well as a well developed educational program, she fears that "in-service training" provided by the new program may not fit the approach taken at her school. Since she considers the Chicago School and Workshop for the Retarded as somewhat of a pioneer in the education of severely handicapped children, she is also offended by the idea of outsiders coming in and telling her experienced staff how to do things.

Language Development Program

The Language Development Program is a consortium with a long and controversial history. During FY 74/75, it was administered consecutively by three different administrative agents. The Superintendent of the Cook County ESR, Richard Martwick, finally agreed to administer this consortium. The history of the consortium illustrates the worst problems that can occur when one member school is selected as administrative agent for a consortium, with the directors of the other member schools serving on a governing board. The minutes of these board meetings reveal that "governance," to the extent there was any, consisted of each member trying to safeguard and enlarge its own slice of the pie. Policy questions were not discussed at these meetings, according to the minutes. Violations of (self-imposed) rules by individual member agencies were discussed at each board meeting (the same violations of the same rules by the same schools were discussed for months at each board meeting), nobody had the power (or the desire) to enforce these rules; one of these cases involved hiring a person without the required professional qualifications. In addition to these inefficiencies, there was apparently fiscal mismanagement of Title I funds. The actions of the Superintendent since taking over as agent of the consortium (and since reducing the governing board to an advisory board) show that an outside agency is better able to enforce rules, and, where required, take strong actions. A "peer" in the role of administrative agent is less likely to use such powers. To date, two schools have been excluded from further participation in Title I funding because of noncompliance with regulations.

It should be noted here that a strong administrative agent could serve a very useful role in providing some self-regulation to private schools. Unfortunately, public school districts excluding their students to private schools do very little to assure quality control. Nor are state licensing and regulatory powers or personnel sufficient to weed out bad private schools. One of Superintendent Martwick's actions in the administration of the Language Development Program should serve as a model to other private administrators. When two schools were excluded from this consortium (fire code violations and the unsupervised use of electric prods on children), the Superintendent notified each school district with children in these private schools. Continued action in this respect may serve to steer excluded children to private schools with respectable programs, and to weed out others by attrition. The accomplishment of this goal should have a very high priority in this state, where the quality of "private" schools serving "public" students ranges from terrible to excellent.

The Language Development Program (at last count) had eight member schools. It is a fairly well organized program with several layers of responsibility and expertise. A project director is responsible for the programmatic coordination of the program. There are three "supervisors" in charge of a "core" staff, and each "core staff" member is assigned to one of the participating schools. In addition, each school has between two and four "trainees," paraprofessionals serving as "aides", giving direct service to children under the supervision of core staff and supervisors.

Although the "training" aspects of the plan are strong, and all participants received regular in-service training, discontinuation of the Title I program in its present form means that most of the (by now trained) trainees will not be rehired next year. Since apparently little encouragement was given to trainees to obtain formal education in special education (most trainees are college graduates), trainees have no marketable skills in the area of special education. Most of these trainees considered their job interim employment, without security or the potential for advancement. Since this program included a sizeable direct service component, children did benefit from these funds. The in-service and training components of this program, however, were not a long-term investment.

In this program, apparently some tensions developed between schools and Title I staff, who were treated as "outsiders" to the program. This may be a serious problem in the new (1975/76) program, where Title I staff are outsiders providing no direct services to children. On the other hand, schools made many attempts to convert Title I staff into classroom teachers (with varying success until Superintendent Martwick took over the administration of the project); the new indirect service approach is not likely to encounter this problem.

The three supervisors were used in part to develop curricula for the member schools involved. Two curricula in social studies (age graded), and a curriculum in math, were developed by these staff members. Assistance with curriculum development and implementation of available curricula is a useful "indirect service" function, which could be exapnded in the 1975/76 Title I proposal. Unfortunately, teachers develop their own curricula in many of the low-incidence programs we have visited, without input from others who have developed curricula for children with similar disabilities, and without knowledge of existing programs.

South and West-Side Consortium

The South and West Side Consortium, presently administered by Sister Ruth Grunwald, has seven member schools. It has faced problems similar to the Language Development Program in its administration, and has changed agents once. It has been powerless to control the misues of Title I staff in one of the member schools.

The staff of this consortium is structured similarly to that of the Language Development program, and there is similarly a strong emphasis on training. The consortium provides speech services only. It has hired the services of a speech coordinator; a speech therapist works at each school (attempts were made to have speech therapists move between schools, but it was found to be more efficient to have each therapist work only at one school; this provided greater identification with one school, and also better opportunity to get to know children in the program). In addition, each school had the services of one or two language aides.

This program was coordinated with an academic program, in which Title I staff at each level were encouraged to participate. Dr. Donald Miller served as the University-liaison for this program. Academic credit was given by local universities for participation in the program. Problems occurred with this arrangement because some staff did not have high school degrees.

This program is of special interest because it used a specific approach to speech and language training, the Monterey method. Both the materials and training for use of this method were purchased through Title I funds, and are presently available for use. This method has the advantage of a very well structured approach, specifying each step in the training program in minute detail. Thus, a "language aide" can be trained to do a great deal of individual teaching. Simultaneously, children's responses are recorded, so that record-keeping is part of the teaching program itself. This program provides an ideal use of aides. According to Sally Blair, coordinator of the speech program, she has received the training in this method necessary to train others. Without further expense (i.e., paid to Monterey), she can disseminate this program to new participants.

As things stand presently, the member schools of the South and West Side consortium will lose their speech therapists as well as their language aides. Again, the investment in direct service has benefited children, but the pay-off in training will not be realized because of inadequate planning on a large scale.

Some Overall Impressions

The role of private schools serving 2,672 students in Chicago as well as in the State of Illinois as a whole deserves analysis. The vast majority of these schools are private only in the sense that the public schools do not want to share the responsibility for the students educated in them. The entire operating budget of some of these schools comes from State and Federal sources. Even the best endowed private school visited was estimated to obtain 30% of its operating budget from private sources.

Children in private schools are public school children to the extent that they have been excluded from public schools. Their parents did not choose a private school over a public school; they did not have a choice. (It should be noted that many of these parents pay tuition, even though their children receive 2671 reimbursement.)

Private schools, thus, have been educating public school children with mostly public funds. This situation arose primarily because the public schools did not expand their programs rapidly enough to make room for types of students previously excluded legally. The private schools were able to fill this gap for several reasons: they were able to obtain classroom space more easily than public schools, with the assistance of private funding (although public funding went into this, also). Some of the private facilities are definitely substandard, although not true of all private schools. Also, private schools are able to operate on a lower operating budget than public schools. They pay less than public schools to persons with the same qualifications, and the personnel standards of private schools are often lower than those that apply to public schools. In some schools this means lower quality education; in other schools it does not.

Dependence on the public sector has severely handicapped the planning of adequate educational programs for youngsters in the private sector. On the whole, private schools do not "recruit" students, but rely on public school exclusions. In most areas of the State, including Chicago, there is little communication between private and public school administration concerning exclusion policies. The student-body composition of many private schools has changed dramatically during the past few years, with more severely retarded and otherwise handicapped children replacing those with lesser degrees of retardation, for whom programs have been developed in public schools. As a result of this uncertainty, many private schools now accept any student that comes their way, regardless of type of handicap. Although some schools in the Chicago consortia specialize in emotionally disturbed, severely retarded or physically handicapped students, most serve a very wide range of disabilities.

At present, the private sector is an escape hatch for the public schools, allowing them to go slowly in the development of expensive programs for severely retarded children without the risk of legal action. The cynicism of many public school administrators concerning the quality of education in the private sector is remarkable, considering the number of students excluded to such schools. It is fortunate that the quality of education in many of these private schools often is much better than public school administrators believe. As long as children are sent to private schools not by their parents, but by the public school system, this lack of responsible cooperation should not be allowed to continue.

Overall, the problem is a highly comples one and these comments only scratch the surface. They underly the strong recommendation made previously in thie report that a task force be established to study the role of these private institutions in the education of children with low-incidence disabilities.

7. THE ALRC-REMIS SYSTEM

Information on the ALRC-REMIS system was obtained from a variety of sources. One of the major sources was the various questionnaires used in this study, since both the background questionnaire and some of those used on the site visits contained questions on REMIS relating to its role and use in the local program. Additional information was obtained in the course of discussions with the regional directors, partly at their monthly meetings and partly under other circumstances. Further information was obtained from discussions with staff in the program at the Springfield offices of IOE.

In addition, a single investigator was assigned to interview personnel of the ALRC-REMIS. This investigator conducted two personal interviews with one of the assistant directors of the ALRC, personal interviews with the educational technologists in eight of the REMIS programs, and telephone interviews with the educational technologists in each of the other five REMIS programs.

The information provided in this chapter is based on these various sources. First, however, it would seem desirable to provide some historical perspective on this system and to attempt to differentiate between ALRC and REMIS.

Historical Background

In 1965, the Illinois legislature passed a comprehensive education bill which mandated each school district to provide programs for students with special education needs. By 1969, each district in the State had submitted acceptable plans which typically utilized an administrative pattern called a joint agreement. By this is meant an arrangement entered into by a number of school districts, usually contiguous with each other, for the pooling of plans and resources to provide education to children with either a particular type of disability or who are "exceptional" in some other respect. Since children of this type are usually relatively scarce in a particular school district, and require special handling (and often special equipment), the pooling of resources in this manner promotes greater efficiency and permits the school districts in the joint agreement to obtain more specialized staff for the treatment of these children.

By 1972, 12,000 professionals were employed serving approximately 280,000 disabled students. By 1973, it was apparent that even with the joint agreements some school districts did not have an adequate population base to justify a comprehensive program for certain disabilities. Therefore, in fiscal year 1975, Illinois was divided into thirteen regions, each with a population base of at least 200,000. Support from Federal Title I and Title VI Education Acts helped regionalize education programs for low-incidence disabled children and youth.

The Instructional Materials Centers (IMC)

The 1965 special education bill of Illinois had provided for an educational materials coordinating unit. Section 14.11.01 of the School Code reads:

> 14.11.01 - Educational materials coordinating unit.
>
> There shall be established within the Office of the Superintendent of Public Instruction under the direction of the Superintendent, an educational materials coordinating unit for handicapped children to provide:
>
> (1) Staff and resources for the coordination, cataloging, standardizing, production, procurement, storage, and distribution of educational materials needed by visually handicapped children and adults.
>
> (2) Staff and resources of an instructional materials center to include library, audio-visual, programmed, and other types of instructional materials peculiarly adapted to the instruction of handicapped children.

> The educational materials coordinating unit shall have as its major purpose the improvement of instructional programs for handicapped children and the in-service training of all professional personnel associated with programs of special education and to these ends is authorized to operate under rules and regulations of the Superintendent of Public Instruction with the advice of the Advisory Council. (Added by act approved July 21, 1965. L. 1965, p. 1948.)

To meet this mandate an Instructional Materials Center (IMC) was established in 1966. A central office staff, housed in Springfield, and four regional IMC's provided an intra-state network. Southern Illinois University in Carbondale, University of Illinois in Urbana, Northern Illinois University in DeKalb, and in Franklin Park near Chicago each housed an IMC. The primary function of these regional IMC's was to serve as a depository of media and materials that could be utilized by special education teachers and students. Other activities included demonstration of materials, inservice training, material adaptation and development, and material evaluation.

On the basis of a successful response to a request for proposals from the U. S. Bureau of Education for the Handicapped, an Area Learning Resource Center (ALRC) was established in Illinois in 1974. The ALRC is administered through the Educational Media and Information Service (EMIS) section of the Illinois Office of Education, one of four sections that comprise the Department for Exceptional Children. Simultaneously with the development of the thirteen regional programs for low-incidence disabilities and the ALRC was the establishment of a Regional Educational Media and Information Service (REMIS). With the advent of REMIS, the eight year old IMC programs were terminated.

The Area Learning Resource Center

The Illinois ALRC is one of thirteen throughout the nation. Its goal is to improve the quality of educational programs for disabled children and youth by increasing the accessibility of materials, improving materials development, providing training in educational technology, and developing a media and materials information delivery system.

The ALRC in Illinois is contracted annually from the U.S. Bureau of Education for the Handicapped (BEH) on the basis of a request for proposal, with the Illinois Office of Education as the contracting agency for the state. Although funding is provided by BEH, guidance and direction are provided by the National Center on Educational Media and Materials for the Handicapped (NCEMMH) located at the Ohio State University in Columbus, Ohio, with a national materials depository in Indiana.

The Illinois ALRC has a director (part-time at present), two assistant directors, eight other staff, and an annual budget of almost $250,000. One of the assistant directors coordinates the daily operations of the ALRC and supervises the staff, while the other is responsible for working with the REMIS programs to determine inservice training needs, provide consultation, and conduct workshops and conferences.

During the 1974-75 school year, the ALRC in Illinois conducted the following activities:

(1) Established the REMIS system by having five percent of the Title funds in each region assigned to developing a REMIS program,

(2) conducted a one-and-a-half day workshop for teachers of visually impaired and teachers of physically impaired children and youth,

(3) established a four page listing of professional readings,

(4) provided consultation upon request,

(5) held six meetings for the educational technologists in the REMIS programs,

(6) provided an inservice workshop at Illinois State University for the educational technologists, and

(7) provided each region with $1,100 to employ specialized personnel to establish a manual storage and retrieval system.

The Regional Educational Media and Information Service System (REMIS)

The Illinois Office of Education established the REMIS system by requiring each region to assign five percent of its Title I and Title IV funds for that purpose. The REMIS system was organized to promote five types of activities: (1) information dissemination; (2) systematic inservice training; (3) curriculum development; (4) development of new materials; and (5) information about and availability of teaching media and materials.

In fact, it was recognized that all of these areas could not be dealt with in the first year and the staff in the program agreed to concentrate on four activities: (1) networking their regions; (2) making themselves visible; (3) making a needs assessment; and (4) coordinating inservice training.

Each of the thirteen regions was required to employ an educational technologist, with selection left entirely to the regional directors. The ALRC staff provided a nine point job description and some information on the function of the REMIS programs as a guide in this selection. Selection of technologists appeared to be influenced heavily by whether the applicant had training in media or special education.

During the 1974-75 school year, not all of the regions had a full-time educational technologist, but it is expected that all of them will have one for the 1975-76 school year. It is anticipated that all the educational technologists will have master's degrees, with 38 percent having degrees in instructional technology. Some regions will have additional REMIS staff.

Because of the diversity in regional approaches to REMIS and the confusion that usually exists at the start of any enterprise, it was difficult to extract any general principles. Instead, we offer the following synopsis of what seemed typical of a REMIS program in 1974-75.

The regional director was instructed to employ an educational technologist to be responsible for the REMIS program. The regional director really did not understand the REMIS program, nor did he get clarification from the job description supplied by the ALRC, and so he relied on his previous knowledge of an IMC program and director. Interested people were interviewed and at some point an applicant accepted the position. Typically, the new employee had a master's degree in or related to education, but no direct experience or skill with educational technology, or was a technician skilled in photography or electronics with no preparation in the learning process. Only in rare instances was a media specialist employed.

The director, being busy with many other activities of the regional program, usually assigned the educational technologist the responsibility for initiating and operating the REMIS program. This was often difficult for the educational technologist who generally lacked skill in self direction, did not know the materials or the territory, and felt there was no one to turn to for help. He (or she) attended the ALRC meetings for educational technologists but found them somewhat confusing--helpful and full of promises but few deliveries. He (or she) had limited knowledge of the network at the national level and did not fully comprehend the role of the ALRC in Illinois.

At the end of the school year, the educational technologist had begun to understand some of the requirements of the position and to initiate some activities in the region. He (or she) had made contacts with the special education directors in the region, superintendents, and some of the teachers, and had begun informing them of the REMIS program and services. He (or she) had identified some of the needs in the region and was making plans for working on them next year.

While the typical picture was of personnel lacking necessary skills, and confusion as to the purpose of the REMIS and the ALRC, this was not always the case. A few of the REMIS programs were well established, and had personnel who were beginning to provide teachers with useful services and had a clear understanding of their role. These operations generally were in those regional programs that had been established for several years. Thus, many of the problems of REMIS might be due to their newness.

Evaluation of the Program

As is evident from the previous scenario, the ALRC-REMIS system does not seem to have developed too smoothly in the past year. One problem would seem to be that the Illinois ALRC has adopted a distinctive "low profile" in its relations with the REMIS programs. This is expressed in a guiding principle of ALRC staff that the most appropriate REMIS program is best determined by each region and its local governing unit. As a result, this policy serves to shift leadership responsibility to the regional programs and to regional directors who frequently do not have much knowledge or interest in this type of activity. It serves, in effect, to leave the IOE in the position of funding these programs and of simply accepting whatever program a particular region decides to establish.

Another instance of the passive role adopted by the ALRC is the statement that whatever the ALRC does in pursuing its mission will be done through the educational technologist in each of the REMIS programs. Since the ALRC has little involvement in the selection of those personnel, and since they represent a wide variety of backgrounds and levels of training and experience, this position is difficult to understand. This is particularly so because it is evident, as has been noted by the ALRC staff, that leadership qualities are as important as technical training for the educational technologist.

Another major problem is lack of clear articulation of the roles of ALRC and REMIS, and of the interrelationships between them. The information collected during the study brings out sharply that clear communication does not seem to exist between the ALRC staff and the educational technologists in the REMIS system in the regional programs. Two examples of this lack of communication are noteworthy. One is that ALRC has the responsibility of coordinating its activities with the REMIS activities within the state and relative to other states. With regard to material acquisition, ALRC was to initiate a statewide accession numbering system, so that as materials were purchased each region would be using a consistent accession procedure. While ALRC staff seem to believe that this task is completed and the procedure is in effect, some of the educational technologists said they were still waiting to hear from ALRC on this matter, some have begun cataloging their materials knowing a change will be needed later (when the accession procedure arrives), and others have shelved the materials, waiting for statewide procedures.

As a second example, ALRC has talked frequently about computer terminals in each REMIS center which would connect to a central computer in Springfield. Ideally, a teacher in search of materials would check for them with the local educational technologist. If unable to supply them, the educational technologist would (via computer terminal) contact Springfield. If the materials were not available in Illinois, the Springfield center would contact the national center in Ohio and, if located, would arrange to borrow them from the national depository in Indiana. The problem, however, is that ALRC staff do not know the state of development nor do they have a clear idea of the time line of the terminal system. There seems to be an idea floating around with implications that many problems would be solved if it were implemented. In the meantime, ALRC staff have implied to the educational technologists that little needs to be done now in search and retrieval because "some day" the computer system will be available.

The interviews with the educational technologists indicate that they perceive the impact of ALRC in very different ways. The following quotations are indicative of the sort of reactions obtained when these people were asked what sort of support they received from ALRC:

- they send us sample materials to evaluate;
- they have sent a menu of professional readings;
- little help comes from ALRC. I don't know what they can do so I don't know what questions to ask of them;
- there is no one on the ALRC staff "earmarked" for the REMIS educational technologist;
- good support comes from ALRC.

The meetings that the ALRC staff has held for the educational technologists do not seem to have been too beneficial at the beginning, but seem to have improved more recently. The following are some of the responses obtained in reply to an inquiry on the value of these meetings:

- I enjoyed the computer assisted instruction workshop at Illinois State University (ISU);
- At first, these meetings were poor, the later ones have improved;
- The workshop at ISU was helpful;
- 60% of the educational technologist meetings have been a waste of time;
- Poor planning and presentations have been detrimental to these meetings;
- These meetings run the gamut from being a waste of time to being informative;
- The agenda has not been well planned;
- Too much of the time has been spent on "library skills".

Summary

Overall, the ALRC-REMIS system in Illinois seems to be subject to the same sort of problems as the regional projects themselves. Everybody seems to feel that the concept is potentially highly useful, but its implementation has been characterized by numerous shortcomings. While some of these shortcomings may be simply the result of the newness of these two ventures, the basic problems seem to be primarily those of organization and implementation, stemming from lack of clarification of the roles of ALRC and REMIS, lack of capable leadership media specialists at the REMIS level, and lack of full-time, energetic leadership at the state level. We urge action on Recommendation 11 which recommends the establishment of a permanent Advisory Committee for the combined ALRC-REMIS program and greater use of the state's many resources in instructional technology.

8. FINANCIAL REVIEW OF REGIONAL PROGRAMS

This chapter is intended to provide a summary of the financial site evaluations completed for each of the regional low-incidence disabilities programs. The summary is organized into four topical areas: budgeting, funding, fiscal controls, and other general observations.

Budgeting

Most regions have amended their budgets at least once. This was due mostly to an inability to acquire budgeted personnel.

Budget formulation is usually accomplished by two to four key people at each region, with a larger group serving in an advisory capacity. This larger group typically included other regional staff members, IOE personnel, private agency representatives, and directors of the various joint agreements or special education districts. Most regions also had the participation of parent representatives.

The fiscal manager at one region has developed an annual "budget package" used to assure uniform and consistent allocation of expenses to appropriate budget line items. This package provides written guidelines to be used by those responsible for allocating the region's disbursements to proper budget accounts. Obviously, this reduced the possibility of errors. Also, one region has employed a paid consultant to assist in budget preparation.

Complaints were voiced that the IOE guidelines lacked clarity, and as a result it was very difficult to formulate budgets for particular programs. Partly because of this difficulty, it was also felt that the Federal Title requirements did not allow much room for creativity in formulating budgets.

Other problems mentioned with regard to budget formuation are:

a) Late arrival of forms from IOE--a sore point in every region;

b) Uncertainty about the amount of funds to be received for 4366 student;

c) Uncertainty as to the number of reimburseable staff.

Funding

Several regions noted that difficulty was encountered when attempting to hire personnel who are to be paid with discretionary Federal funds, that is, funds guaranteed only from year to year. In some instances, funds were not even received until the school year was already underway.

All administrators agreed that a withdrawal of Federal funding for the regional programs would mean the state would have to supply 80% to 100% of the funds lost in order to maintain adequate program quality. Local areas could probably provide the remainder, but a few regions indicated that no further local funding was thought to be available.

Nearly all regional directors felt that local property taxes had reached their maximum level. Indeed, most indicated that recent local tax referendums to obtain additional funds had failed. Two regions had fund sources from trust funds. These monies were to be spent for specific services and were not significant in relation to other sources.

Some directors felt that local contributions should increase because of support services provided by the regions (staff and secretarial functions). It was generally believed this increase would have to be gradual. However, local people responsible for funding would probably wait for a commitment from the state before determining the amount of their contribution to a regional low-incidence program.

Continuing operations were hampered because quarterly grant payments were often received later than anticipated. This usually required a loan from the region's fiscal agent and, in some cases, resulted in an interest charge to the region.

From a financial point of view, most of those interviewed felt that 2671 children could be absorbed into the public schools, at least for the less severe cases. At the same time, it was felt that the cost of doing so could amount to as much as $5,000 to $10,000 per student, excluding possible housing arrangements.

If Title I Private funds were withdrawn, all directors felt a serious qualitative decline in 2671 services would result. The public aspects of regional services would also be affected in some areas, because personnel paid with the Title I Private money often provide supplemental public services such as consultation in specialized areas. Smaller private agencies (10-100 pupils) could be seriously affected by loss of these funds, according to some administrators.

One director felt that funding of 2671 students should be administered by one entity (they presently receive funds from several state agencies). Coordination of funding sources by this single agency would then allow such an agency to be held accountable for its actions.

Some people mentioned that school districts should be prevented from sending anyone but multiply handicapped children to private agencies. Administrators stated that some districts actually "make money" by sending children to these private institutions.

Fiscal Controls

If a region is recognized as a legal entity, no fiscal agent (such as a school district) is needed to supervise its money affairs. In this way, fund monies could be received direct instead of through a fiscal agent. Some agents are responsible for disbursing many title grants to different organizations, and errors in the distribution of these monies were said to have occurred.

Encumbrance accounts for funds committed are maintained at only three or four regions. These accounts would, however, be useful only for regions spending large sums for equipment. In any event, all regions appear to have a good idea of the amounts they are committed to spend in the near future.

Two or three regions have allotted substantial accounting responsibilities to a single individual. Potential for errors or defalcations is increased in these instances. Also, confusion would result and extensive retraining would be necessary should that individual cease employment.

A uniform account numbering system is not currently in use around the state. Most of those interviewed anticipate implementation of the state recommended 23-digit system. This will allow for uniformity and comparability of financial records among the regions.

Seven regions were observed to use a computer to provide financial data, three use a bookkeeping machine, and the others remain on manual accounting systems. Those on manual systems could not easily implement the proposed 23-digit numbering system.

Some regions use a separate checking account for Title funds while others use only the fiscal agent's general fund checking account for deposits and disbursements of Federal Title funds. In the latter case, a separate system of Title fund accounts prevent commingling of funds.

At least one region received written suggestions from the IOE regarding the initial organization of a regional accounting system. This was found to be of considerable help to the bookkeeper.

Inventory records are maintained and are current at most regions. However, some were not up-to-date. No uniform inventory card is used by the regions, as may be advisable. All but one or two regions had equipment marked by Title fund source.

Two methods for disbursing Title I Private Funds to private agencies were observed:

a) Some regions receive a bill from the agency and a reimbursement check is drawn for the total amount spent by that agency. Adequate documentation supporting qualified private agency disbursements is usually, but in a few cases not always, sent with the request for reimbursement.

b) Other regions pay the agency's bills directly, just as they do their own bills.

All but one region visited had well documented paid bill files. The single exception maintains a file but supporting documentation required to accompany the paid bill (receiving reports, approvals, recomputations, etc.) was not always observed to be present.

Most regions have access to periodic reports indicating actual versus budgeted expenditures. Those which do not have periodic budget status reports assert they are sufficiently aware of unexpended balances to control further expenditures.

Two sets of accounting records are kept at many regions, a formal set at the office of the fiscal agent and an informal set of books kept by either the director or his/her assistant. This allows for a check by the region on the work performed by the fiscal agent.

Time reports prepared by employees are not uniform among regions; two regions do not use time reports. In these regions, personnel employed by private agencies (and paid with Title funds) do not complete any time reports, and the regional director is advised of their attendance at work only by phone. This does not afford much control over funds disbursed (in the form of salaries), because the director has no documentation supporting the expenditure and must rely on the private agency to report employees' hours worked.

Only one region had cost-per-pupil figures available. Many directors stated that data obtained through such computations is virtually meaningless because of the number of different personnel contributing evaluative and diagnostic services to one child.

General Observations

Of the three Chicago consortia visited, one held strong views regarding the centralization of responsibility for Chicago Title I Private funding. The director believed that the bureaucratic approach to delivery of low-incidence services is obsolete and that it will not allow for agencies to be held accountable for their own performance.

All regions appear to have good relations with their fiscal agent. No animosity was evident. This, of course, helps to assure adequate control over fiscal affairs.

Several people complained about the IOE regional advisory teams by indicating that advice received from the team was often overturned by the IOE central staff, e.g., advice on proposed expenditures, reimburseable staff.

Chicago Public administrators noted that while Chicago has 40% of the state's student population, it receives 19% of available staff reimbursement funds and 7% of available Title I money.

Most administrators interviewed exhibited a strong desire to deliver high quality service for their regions.

Recommendations

On the basis of these visits and evaluations, a number of changes would seem desirable to improve the financial operation of the regional programs. The most important are the following:

1. A clear set of guidelines is needed both from Federal and from State sources regarding the preparation of these budgets, and the necessary forms and instructions should be provided to the regional programs well in advance of the deadline dates for submitting these budgets.
2. These guidelines should include information on the determination of the number of reimburseable staff, on the funds that could be obtained for 4366 students and for those in other categories, and should indicate for which services particular funds could be used.
3. Both for financial and program stability, the budgeting horizen for these programs should be lengthened beyond one year. Budgets should be solicited and approved on a longer term basis so that good personnel can be promised employment more than one year at a time.
4. From a financial point of view, there are distinct advantages to be obtained from recognition of the regional programs as legal

entities. This would simplify the financial administration of the programs and would concentrate responsibility more clearly.

5. The fiscal control of the programs should also be made more uniform. In particular, for purposes of verification, accounting responsibilities should be divided between two individuals, time reports should be prepared and submitted to the regional program by all personnel paid for by Title funds, and all expenditures from Title funds should be documented in the office of the regional program.

9. THE SOUTH METROPOLITAN ASSOCIATION

The South Metropolitan Association (SMA) was established in 1968 to serve special education cooperatives in South Cook, Will, Kankakee, Grundy and LaSalle Counties. Originally SMA served only hearing impaired students but in 1970 it expanded its services to include visually impaired students. Because of geographical considerations SMA split in 1971 and it now serves four special education cooperatives and 55 local school districts in South Cook and North Will Counties. Also, by 1971, SMA had established a class for orthopedically impaired students, and all four of the special education cooperatives had entered into agreement with SMA and arranged for children from local districts to receive services from the region. On November 20, 1974, the State Advisory Council on Education of Handicapped Children approved SMA as a legal entity joint agreement and on January 8, 1975, a letter from Richard J. Martwick, the Superintendent of the Education Service Region of Cook County, assigned SMA as School District 600. SMA, therefore, has an appropriate legal base for the delivery of direct services to low-incidence disabled children.

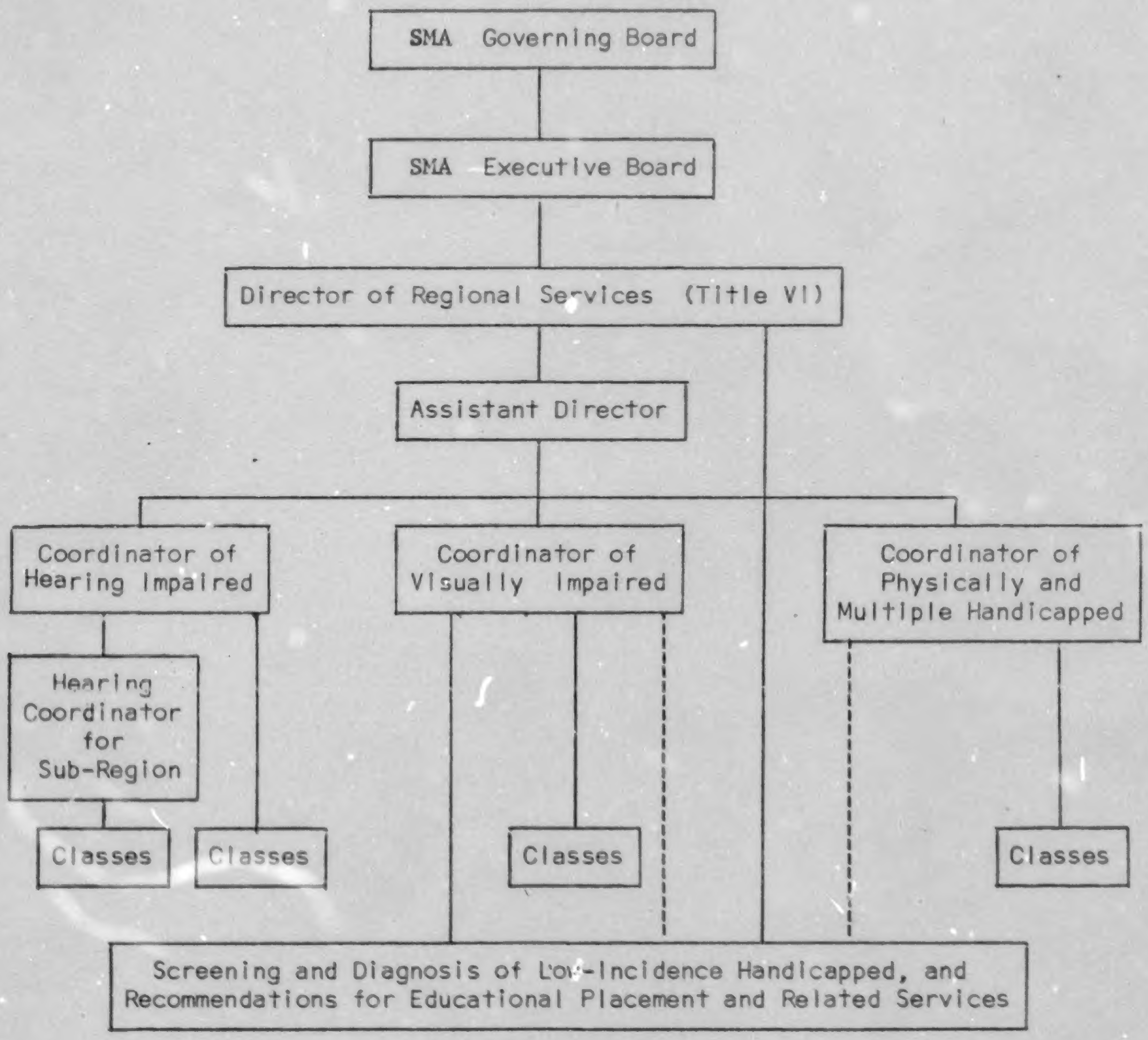
Administration

SMA has a Governing Board, an Executive Board, and an Advisory Board. The Governing Board meets twice annually and is composed of one elected school board member from each of the 55 member school districts. The Governing Board, through the Executive Board elected by the Governing Board, has final approval authority for all matters concerning the operation of SMA. The Executive Board is composed of eight superintendents of local school districts and nine board of education members (two from a local education district within each special education cooperative and the President of the Governing Board). This Board meets monthly and is, in reality, the Board that is responsible for most of the decisions regarding the operation of SMA. An Advisory Board composed of 20 parents of disabled children serves in an advisory capacity for the region. There are no representatives from private facilties on any of these boards. An organization chart is attached.

The regional director for SMA has been in his current position for three years. He has a Bachelor of Arts degree in special education and a Master of Arts degree in reading and elementary education. He has had experience as a teacher and supervisor for deaf children and has a Type 75 general administrative certificate and a letter of approval as a director of special education. He has accumulated five years of teaching experience, one year of related experience and four years of administrative or supervisory

FIGURE 5

ORGANIZATION OF
SOUTH METROPOLITAN ASSOCIATION
FOR LOW-INCIDENCE HANDICAPPED


SMA Governing Board
SMA Executive Board
Director of Regional Services (Title VI)
Assistant Director
Coordinator of Hearing Impaired
Coordinator of Visually Impaired
Coordinator of Physically and Multiple Handicapped
Hearing Coordinator for Sub-Region
Classes
Classes
Classes
Classes
Screening and Diagnosis of Low-Incidence Handicapped, and Recommendations for Educational Placement and Related Services

This organization chart shows how the local board of education delegates to the governing board of SMA the authority and responsibility for low-incidence handicapped. The four directors of joint agreement districts serve as advisors to the SMA Executive Board. This Board also establishes policies for Title VI funds and the S.M.A. director has the administrative responsibility for Title VI.

experience. He is responsible to the Governing Board through its Executive Board, but SMA serves as the administrative district for each of the Title projects. Final authority for placement of children in low-incidence programs depends on the local school districts, but the hiring of staff, including teachers, is the responsibility of SMA with the approval of the Executive Board.

Fiscal Management

SMA received financial resources for the indicated amounts from the following resources:

Title I, P.L. 89-313 Public	$120,700
Title I, P.L. 89-313 Private	177,150
Title VI	145,087
Local and State Sources:	
Tuition	461,000
Special Education Reimbursement	361,613
Public Health	13,500
Membership Assessment	10,834

An additional $17,301 which was a carryover from the prior year was not included as resources received from state or local sources for 1974-75 in this listing.

A site visit team member indicated that fiscal information for decision making was adequate but that control over costs was not monitored adequately due to a change to a computerized operation and heavy reliance upon one individual for all accounting procedures. The treasurer did indicate, however, that the acceptance of the region as a legal entity would help to insure that information and money destined for the region was not lost or delayed as the result of the confusion or inefficiency due to a middleman. SMA's local funds are based on an eight cent assessment per pupil levied on each district's average daily attendance figure and an $1,800 tuition fee for each child enrolled in SMA.

Supervision and Services

SMA's services fall into three categories: diagnostic, supportive, and educational. Diagnostic services include audiological, speech and language, psychological, and educational evaluations. Neurological evaluations are conducted in conjunction with a hospital in the region and psychiatric evaluations are done in cooperation with Family Services and a Mental Health Clinic.

Supportive services consist of orientation and mobility training for visually impaired students, speech therapy, physical and occupational therapy, a parent-infant program, career education for students between the ages of 14-21, and social work services. The educational services are described in most of the remainder of this chapter.

Hearing Impaired

In the fall of 1974 SMA had placed 66 deaf students and 82 hard-of-hearing students in classes. Six teachers were employed for deaf students from the preschool to the intermediate levels. An additional three teachers worked with deaf and hard-of-hearing students at the high school level. Seven teachers worked with hard-of-hearing students at the pre-school through junior high level.

The supervisor for hearing impaired students and their teacher is responsible only for primary through junior high programs. This person has a Master of Science degree plus 15 additional graduate hours and a Type 10 special certificate for teaching deaf and hard-of-hearing students and orthopedically impaired students. This individual's undergraduate work was completed in education of deaf children and graduate work has been in education of the orthopedically impaired child. A total of five years teaching experience and five years of supervisory experience have been accumulated. The assistant director of SMA is responsible for supervising the high school programs for all disabilities.

Visually Impaired

The supervisor for visually impaired students was employed on a half time basis for the 1974-75 school year. She works as a teacher in the preschool program for visually impaired children the other half time. She supervises five other teachers. The total number of visually impaired children enrolled in the fall of 1974 was 51. The supervisor has a Master of Science degree in special education with a concentration in learning disabilities. Her undergraduate work was in special education with an emphasis on education of blind and partially-seeing children. She has a Type 03 elementary certificate and a Type 10 special certificate for blind and partially seeing students and students with learning disabilities. She has had eight years experience as a teacher and one year as a supervisor.

Orthopedically Impaired

The supervisor for orthopedically impaired students and for all students in preschool classes has responsibilities for ten teachers. She has a Master of Science degree plus an additional 45 graduate hours. Her undergraduate work was in education of deaf children and her Master's degree was in education of the orthopedically impaired. She has a Type 10 special certificate in all areas of special education except for blind and partially sighted students. She also has a Type 03 elementary certificate and a Type 75 general administration certificate.

She has had six years of teaching experience and three years of supervisory work. In the fall of 1974 there were 49 orthopedically impaired enrolled in SMA. In addition, SMA has programs for 17 language delayed students and 52 multiply impaired students.

General concerns reported by site visit team members in regard to supervision include the need for additional supervisory staff, especially for teachers of visually impaired and orthopedically impaired students. Also, it would appear that supervisory staff need to be more involved in the decision making processes in the central offices of SMA. They have very little input in regard to the writing of proposals and it was observed that they were unaware of decisions made regarding additional employees.

Site visit team members also suggested that the responsibility for supervising all secondary and preschool programs be reassigned to appropriate categorical specialities. It was observed, however, that all the children are being served in excellent programs and that some programs indicated a high degree of creativity and innovation.

Title Projects

The Title VI project had a total targeted population of 305 students and consisted of five components.

1. Diagnosis and educational planning by the medical-paramedical-psychological and educational team for all low-incidence children and as a supplemental school district service.

2. Supportive services to emotionally disturbed children in the region including (a) program development, (b) diagnosis, (c) direct educational and social work supervision services and (d) parent and child group and individual therapy programs.

3. Parent-child Education Programs for all disabled children below the age of three years including home visitations and clinic services.

4. Social Work services in group and individual counseling for parents, families, and children served by the regional program.

5. Inservice training of regional and school district personnel in (a) techniques of education (b) open classroom concepts and (c) media.

The Title I, P.L. 89-313 Public proposal targeted 527 children and had four objectives.

1. To diagnose all severely language delayed children referred to SMA and provide inservice training to nurses and speech therapists.

2. To strengthen specialized services offered to severely handicapped children in joint agreement programs.

3. To provide a program of daily living skills to 20-25 multiply impaired high school students.

4. To provide academic growth with various disabled children through the supplementary rise of computer-assisted instruction in the areas of reading, language arts, and mathematics.

The extent to which all the objectives of both proposals were being met was not commented on directly by site visit team members. It would appear, however, that all the services mentioned in the objectives are being provided. One team member did feel that some of the services provided by SMA social workers such as psycho-therapy and marital counseling could be done by other agencies.

Private Facilities

Almost 300 children in six private facilities were targeted for the Title I, P.L. 89-313 Private proposal. This proposal had five objectives.

1. To provide supportive services to parents and families of severely disabled children.
2. To secure neurological, psychiatric and other medical diagnoses needed in long range planning and management of disabled children.
3. Improvement of speech and language abilities of disabled children and staff training for continued improvement.
4. Improvement of physical-motor abilities of disabled children and staff training.
5. Parent and family counseling leading toward (a) acceptance (b) understanding (c) realistic analyses of the problems and (d) long-range planning.

There is an Advisory Board composed of representatives from private facilities, and meetings between the regional director and administrators of private schools were described as frequent. Most discussions concerned the 0-3 population. SMA agreed to do the diagnostic workups and recommend an appropriate private school when the public sector had no program. The private programs primarily serve sub-trainable and complex multiply impaired children. Site visit team members indicated there was a close positive working relationship between the two sectors in this region.

Problems

While programs are well organized and administered and services were generally of high quality, the following problems were noted:

1. At the time of the site visit an inadequate monitoring of cost controls was indicated.

2. There is a need for supervision by categorical specialists at the secondary level.

3. A need for full time supervisor for visually impaired students was indicated.

4. Additional supervisory staff are needed for all disabilities being served by SMA.

5. There is a need for more communication between the central office and supervisory staff.

10. THE WEST SUBURBAN ASSOCIATION

The West Suburban Association for hearing, orthopedically, and visually impaired children and youth (WSA) is made up of 101 local school districts, and eight joint agreements in Western Cook and DuPage counties. WSA is responsible for the identification, evaluation, and educational placement of all hearing, orthopedically, and visually impaired children from birth to 21 years who reside in its geographic area.

Administration

The Advisory Board (WSA has no governing board) is composed of the eight directors of special education of the eight joint agreement units involved in the regional program. It has decision making authority on all issues relative to the regional program, and the administrative district, Lombard District 44 has final approval authority. It was indicated, however, that rarely, if ever, would the administrative agent's decision differ from that of the Advisory Board. This Board meets on a monthly basis.

The regional director is responsible for the administration of WSA. He has a Master of Arts degree with concentrations in speech therapy and special education administration. He has certification for teaching all grades in "regular classroom" and has had four years teaching and eleven years of administrative and supervisory experience. He views his major role as that of administering low-incidence disabilities programs.

The site visit team was not provided an organization chart for the WSA, and several team members observed some confusion and conflicts in the lines of authority and responsibility between the director of special education and the regional director. It was indicated that the region only had delegated authority from the director of special education.

Fiscal Management

WSA received funds from the following sources for the 1974-75 school year:

Title I P.L. 89-313 Public $149,250
Title VI 135,000
State and local sources 89,900

An additional $149,742 was provided through Title I, P.L. 39-313 Private. This was administered by the Superintendent of the Educational Service Region of DuPage County. District 44 of Lombard has insisted that WSA run a positive balance of $70,000 - $90,000. This is being done from under-expenditures of their local funds. There has been no significant under-expenditure or over-expenditure of any of the Title monies. Our site visit team members found the accounting system to be "surprisingly detailed and complete."

Supervision and Services

Hearing Impaired

The coordinator of services to hearing impaired students in the region has a Master of Arts degree with a concentration in education of deaf children. She has a Type 03 elementary certificate and a Type 10 special certificate for teaching/supervising deaf and hard-of-hearing students. She has had about six years of teaching and six years of supervisory experience. Here, as in other regions, teachers are employed by the LEA with input from the regional coordinator. Building principals are responsible for teacher evaluation and it is unclear to teachers to whom they are ultimately responsible. There does not seem to be any systematic identification of children until they are in school and screened as specified by law.

A total of 252 deaf and 130 hard-of-hearing students are being served in the region. The coordinator, who is responsible for training and staff assistance, has 54 classes to visit. She is assisted, however, by one high school department chairman and one head teacher. She has little responsibility for evaluation, and one site visit team member observed that almost no outcome evaluation is done. There is a definite need for another full-time coordinator for hearing impaired students and separate programming for deaf and hard-of-hearing students.

Sufficient clustering of classes was noted but the coordinator stated that she was limited in her options for placement. Another area of concern was the lack of supporting staff. The region utilized psychologists on a per diem basis for the 1974-75 school year, and the region has one full time and one part-time audiologist. The region also employs a parent-infant-educator for hearing impaired children.

Visually Impaired

The educational coordinator for visually impaired students has a Master of Arts degree with a concentration in education of the visually impaired children. He has a Type 75 general administration certificate and has had four years of teaching and nine years of supervisory experience. A total of 194 blind or partially sighted children are being served. It was indicated by a site visit team member that the programs for visually impaired students were well organized and that certified personnel were serving the children in small classes with adequate facilities and supplies.

Weaknesses noted in this area were similar to those in the area of hearing impairment: lack of support personnel such as a psychologist, an orientation and mobility instructor, and social workers. Also, the coordinator has too many teachers and programs to supervise. The region does, as for hearing impaired students, employ a parent-infant-educator for visually impaired children.

Orthopedically Impaired

The educational coordinator of services to orthopedically impaired students has a Master of Arts degree with a specialization in education of physically disabled children. She has a Type 03 elementary certificate and a Type 10 special certificate for physically disabled children. She has had four years of teaching and one year of supervisory experience. She feels she is primarily responsible for program supervision but must be aware of building principals' views toward the programs. Her responsibility is for 20 classes which are clustered and she provides inservice training to the teachers. She indicated that no referrals to WSA are received from medical sources and that a consistent identification system does not exist within the region. One source of concern in the orthopedic programs was the absence of medical supervision in occupational and physical therapy.

Private Facilities

A major source of concern within this region is the relationship between the private and the public programs. It would appear from minutes of Advisory Board meetings that many of the problems arose due to lack of response from the former Office of the Superintendent of Public Instruction to requests to settle various legal problems. It was decided, therefore, in an Advisory Board meeting on February 13, 1975, that the Superintendent of the Educational Service Region of DuPage County would administer Title I, P.L. 89-313 Private funds upon receipt of a letter from the Acting Director, Handicapped Children's Section, Illinois Office of Education, authorizing Lombard District 44 to turn over those funds to the ESR Superintendent. The primary problem appeared to be that private programs are operated by non-certified personnel and Lombard District 44 did not feel it could be responsible for such personnel. The private facilities then requested that the ESR Superintendent serve as their administrative agent.

The Advisory Board of the private project consists of nine directors of private facilities who are utilizing Title I funds. They have no input or opportunity to coordinate programs with the public sector. The following personnel were employed by Title I, P.L. 89-313 Private funds:

One Coordinator (Speech Pathologist)
Two Team Leaders (one is an independent daily living skills worker and a psycho-social worker and has certification as a rehabilitation counselor, and the other is a movement specialist with a background in dance therapy and psychology)
Two speech therapists
One Independent Daily Living Skills Specialist
One motor team worker
One team aide
One secretary/bookkeeper

There are 21 private schools serving approximately 900 children with 2671 reimbursements, with 506 of these targeted for Title I, P. L. 89-313 funds.

Problems

These problems were noted in our evaluation of this regional program.

1. There are unclear lines of authority and responsibility between the director of special education and the regional director.

2. There is a need for additional coordinators in each of the disability areas.

3. Teachers, employed by LEA's, are unsure to whom they are responsible.

4. There is no systematic identification process within the region.

5. There is a need for support personnel, especially a psychologist and an orientation and mobility instructor.

6. There is a need or medical supervision of occupational and physical therapy.

7. More coordination between the public and private sector is urgently needed.

11. THE REGIONAL SERVICE AGENCY

SLIDES, a Title VI ESEA Project, was established in 1968 to identify preschool disabled children with low-incidence disabilities. During the summer of 1974, a coordinating committee consisting of the directors of special education in the region decided to change the main objective of SLIDES, and changed its name to the Regional Service Agency (RSA). The geographic area is the same as for the original SLIDES. The Articles of Agreement for RSA specify the following purpose:

> The general purpose of RSA is to promote regional cooperation and regional planning for special education, and in particular to:
>
> A. Design and coordinate comprehensive programs for the hearing impaired.
>
> B. Design and coordinate comprehensive programs for the visually handicapped, orthopedically handicapped, and multiply handicapped.
>
> C. Design and coordinate other cooperative special education services which cannot be efficiently maintained by joint agreements or individual school districts.

Each of the four joint agreements for special education composed of 47 school districts and two school districts in Evanston joined RSA in order to achieve these purposes.

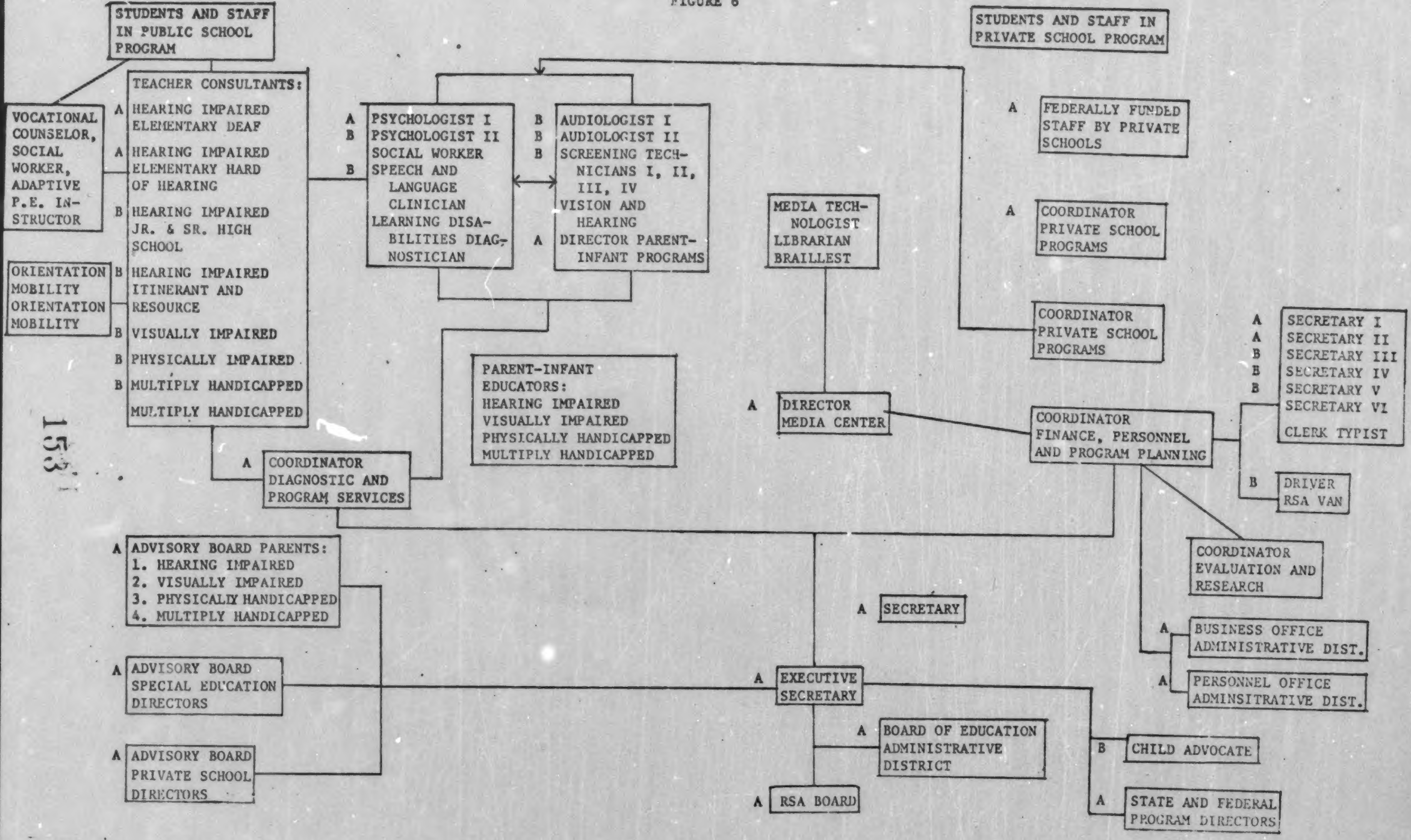
Administration

The administrative agent for RSA is High School District 219 in Niles Township. RSA has a Governing Board consisting of two people from each one of the member joint agreements, one person from each of the member Evanston school districts and one member from the administrative district. Each of the 11 Governing Board members must also be members of a board of education from a school district that is a member of RSA. This Board meets monthly and has final approval authority on all matters involving the region. A response to a pre-site question regarding the authority of the Governing Board stated that it "operates exactly as a board of education for any public school district." Some discontent has been expressed by member school districts in regard to the make-up of the Governing Board due to the fact that representation is not based on pupil population. Some districts serving larger numbers of children feel, therefore, that they have inadequate representation and at least one special education joint agreement has been reluctantly participating in RSA.

RSA has three Advisory Boards. One is composed of the directors of special education for the four joint agreements, the two directors of special education from Evanston and the Executive Secretary of RSA (the Regional Director). The second is composed of directors of private facilities, and the third consists of 18 parents. These boards have advisory functions only. An overall organization chart for RSA is shown on the following page.

ORGANIZATION CHART OF THE REGIONAL SERVICE AGENCY

FIGURE 6


STUDENTS AND STAFF IN PUBLIC SCHOOL PROGRAM
VOCATIONAL COUNSELOR, SOCIAL WORKER, ADAPTIVE P.E. INSTRUCTOR
ORIENTATION MOBILITY
ORIENTATION MOBILITY
TEACHER CONSULTANTS:
A HEARING IMPAIRED ELEMENTARY DEAF
A HEARING IMPAIRED ELEMENTARY HARD OF HEARING
B HEARING IMPAIRED JR. & SR. HIGH SCHOOL
B HEARING IMPAIRED ITINERANT AND RESOURCE
B VISUALLY IMPAIRED
B PHYSICALLY IMPAIRED
B MULTIPLY HANDICAPPED
MULTIPLY HANDICAPPED
A PSYCHOLOGIST I
B PSYCHOLOGIST II
SOCIAL WORKER
B SPEECH AND LANGUAGE CLINICIAN
LEARNING DISABILITIES DIAGNOSTICIAN
B AUDIOLOGIST I
B AUDIOLOGIST II
B SCREENING TECHNICIANS I, II, III, IV
VISION AND HEARING
A DIRECTOR PARENT-INFANT PROGRAMS
PARENT-INFANT EDUCATORS:
HEARING IMPAIRED
VISUALLY IMPAIRED
PHYSICALLY HANDICAPPED
MULTIPLY HANDICAPPED
A COORDINATOR DIAGNOSTIC AND PROGRAM SERVICES
MEDIA TECHNOLOGIST
LIBRARIAN
BRAILLEST
A DIRECTOR MEDIA CENTER
STUDENTS AND STAFF IN PRIVATE SCHOOL PROGRAM
A FEDERALLY FUNDED STAFF BY PRIVATE SCHOOLS
A COORDINATOR PRIVATE SCHOOL PROGRAMS
COORDINATOR PRIVATE SCHOOL PROGRAMS
COORDINATOR FINANCE, PERSONNEL AND PROGRAM PLANNING
A SECRETARY I
A SECRETARY II
B SECRETARY III
B SECRETARY IV
B SECRETARY V
SECRETARY VI
CLERK TYPIST
B DRIVER RSA VAN
COORDINATOR EVALUATION AND RESEARCH
A BUSINESS OFFICE ADMINISTRATIVE DIST.
A PERSONNEL OFFICE ADMINSITRATIVE DIST.
A ADVISORY BOARD PARENTS:
1. HEARING IMPAIRED
2. VISUALLY IMPAIRED
3. PHYSICALLY HANDICAPPED
4. MULTIPLY HANDICAPPED
A ADVISORY BOARD SPECIAL EDUCATION DIRECTORS
A ADVISORY BOARD PRIVATE SCHOOL DIRECTORS
A SECRETARY
A EXECUTIVE SECRETARY
A BOARD OF EDUCATION ADMINISTRATIVE DISTRICT
A RSA BOARD
B CHILD ADVOCATE
A STATE AND FEDERAL PROGRAM DIRECTORS

A = On staff; B = To be employed under "hard core" budget.

According to the Articles of Agreement "the administration of the RSA shall be vested in the Executive Secretary who shall be responsible to the Governing Board." The Executive Secretary for RSA has completed all but the dissertation for his Ph.D. degree in educational administration. He has a letter of approval as a director of special education and a general administrative certificate. He has had 4 years of teaching and 12 years of administrative and supervisory experience. His role consists of supervising his staff, organizing the financial system for RSA, providing a record keeping system for each child being served, providing a continuity of quality services throughout the region, establishing a rationale for a regional concept, and improving communications between all existing operations. During the next two years he will be primarily involved in identification of low-incidence disabled children, writing job descriptions and defining responsibilities, and providing for more adequate funding.

Fiscal Management

Budget requests as amended and approved indicated the following funds received for the 1974-75 fiscal year:

Title I, P.L. 89-313 Public	$150,000
Title I, P. L. 89-313 Private	150,000
Title VI	150,000

No local funds were used by RSA, inthat services by the region consist only of diagnostic and support services. Expenditures for instruction and other costs of programs for low-incidence disabled children are funded, in large part, by local school district money collected by the joint agreements for special education. In addition to anticipated Federal funds for the 1975-76 fiscal year, RSA anticipates receipt of approximately $30,000 as a carryover from SLIDES. This amount will then be matched by state reimbursement funds for salaries paid from this carryover. RSA will also participate with two other Chicago suburban regions in the distribution of money from a trust fund to be used solely for the instruction of hearing impaired students.

Supervision and Services

Hearing Impaired

Within RSA there is a total of 298 hearing-imparied students between the ages of 3-21 distributed,as follows:

Self-contained classrooms for deaf children, Pre-school - 8th grade	89
Self-contained classrooms for hard-of-hearing children, Pre-school - 8th grade	76
Resource rooms for hard-of-hearing children, Pre-school - 8th grade	43

High school classes for deaf and hard-of-hearing	60
Number of hearing impaired students in private facilities	19
Number of hearing impaired students at the Illinois School for the Deaf	11
Total	298

Only three of the 11 students at the Illinois School for the Deaf are under the CA of 14 and the youngest is 10 years of age.

Three teacher/consultants are employed by RSA in programs for hearing impaired students. Two of these have a Master of Arts degree and the other has a Bachelor of Science degree. Of the two graduate level personnel, one has a Bachelor of Science degree in education of deaf students and a Master of Arts degree in speech pathology. The other has a Master of Arts degree in education of deaf students. All three have a Type 10 special certificate for teaching deaf and hard-of-hearing children. One of these has six and one-half years teaching experience and four years supervisory experience. The other two have had only teaching experience (one for three years and one for 4½ years).

The extent to which these and other teacher/consultants can be involved in services to children is specified in Article 4 - Programs and Services of the Articles of Agreement for RSA:

> Section 1 - Regional planning, development of uniform procedures, and exchange of information and other functions to improve coordination of services shall be provided by RSA.

> Section 2 - Instructional programs shall be operated by member school districts and participating joint agreements.
>
> Section 3 - Supportive services, such as program consultation and supervision, and diagnostic evaluation, may be provided by member school districts, participating joint agreements, or RSA.

It would appear from this, and from information obtained by site visit personnel, that RSA has only as much authority as member school districts or participating joint agreements are willing to grant it, and leads us to wonder if a staff as large as the one being assembled is necessary to fulfill the sole responsibility of RSA as stated in Section 1. These three sections, in essence, indicate that RSA has little, if any, authority to provide direct educational services for low-incidence disabled children.

Visually Impaired

The teacher/consultant for visually impaired students has a Master of Arts degree with an undergraduate concentration in the education of blind and partially sighted children and a graduate concentration in orientation and mobility instruction. This person has a Type 03 elementary certificate and a Type 10 special certificate for teaching blind and partially sighted students and seven years teaching experience. There are, within the region, 15 resource rooms or itinerant teachers serving 152 visually impaired children. The teacher/consultant, as the one for the orthopedically impaired, is bound by the limitations of the Articles of Agreement.

Orthopedically Impaired

Data, except for the number of targeted children for Title I, were not available for orthopedically-impaired children. It should be noted, however, that the targeted populations for Title VI were extremely close to the figures presented for the two previous impairments. A total of six programs for orthopedically impaired children exist in the region. According to data from the Title I proposal,a total of 36 orthopedically impaired children are involved. If one wished to include "other health impaired" as a category for multiply handicapped, another 46 children would be added. It should also be noted that the target population to be served by Title I projects was determined by:

A. Class lists containing the names of children currently enrolled in low-incidence disabled programs in the region;

B. Class lists of children currently enrolled in private schools in the region;

C. OSPI records of disabled children in the region requiring extraordinary special education services;

D. SLIDES office records of children below school age.

It was further emphasized that "these lists were all cross checked to insure that no child appeared on more than one list."

The teacher consultant for multiply-handicapped students, which includes the orthopedically impaired students, has a Master of Science degree in special education with a specialization in education of physically handicapped children. The undergraduate specialization of this person was in speech and hearing therapy. This individual has a Type 10 special certificate for physically disabled and learning disabled children and has five years of teaching and two years of clinical teaching experience.

Private Facilities

A total of 189 students, most of whom were trainable mentally retarded, were targeted for Title I, P. L. 89-313 Private funds. As indicated previously, the amount budgeted was $150,000. Staff members employed under Title I, P. L. 89-313 Private were employed by RSA, and this presented a few complications. However, it was believed by RSA officials that such personnel would no longer be employed by the region, but that private services would operate under a reimbursement system from RSA.

The principal goals of the coordinator of the private sector include the coordination of services between the private and public sectors, the evaluation of children's needs, consultations with teachers and parents, in-service training, and identification of children. This coordinator previously worked with one of the private sector schools and has a Bachelor of Science degree with a concentration in speech and hearing science. She has a special K-12 speech and language and educable and trainable mentally handicapped certificate. It would appear from site visit reports that the relationship between the public and private sectors is good.

Problems

These problems were noted in our evaluation of this regional program.

1. During the 1974-75 fiscal year there was a complete dependence upon Federal funds for the operation of RSA.

2. RSA has little, if any, authority to provide direct educational services for low-prevalence disabled children. As in other regions, local districts or special education districts provide the facilities and the teachers, and thus have control of the services.

3. A clear definition of the rights and responsibilities of local school districts, special education joint agreements, and RSA is needed.

4. Many of the goals of RSA were not operational as of the time of the site visit. Some school districts felt, therefore, that they were not getting the services RSA should be providing (diagnostic services primarily).

5. A self-contained program for deaf students in one of the joint agreements had a supervising teacher four days a week who now serves as a teacher/consultant for RSA four days a week. This has had the effect of reducing supervision in one location and spreading it throughout the region. This same program had a consulting psychiatrist who met regularly with the supervisor and teachers. This psychiatrist will now be consulting for RSA. These two actions have the net effect of reducing services to teachers and pupils in at least one location.

6. One site visit team member observed that the coordination and utilization of existing services within the community, with appropriate supplementation when necessary in the case of both vision and hearing screening and tertiary diagnostic services, did not appear to have been adequately thought through by RSA.

12. THE LAKE MCHENRY REGIONAL DIAGNOSTIC CENTER

In the period between 1960 and 1964 Waukegan School District 60 and the Special Education District of Lake County (SEDOL) established cooperative programs for hearing impaired and orthopedically impaired children. In 1965 the Special Education District of McHenry County was formed and joined the Waukegan and SEDOL program for hearing impaired students. In 1967-68 OSPI established state priorities and divided the state into regions for the purpose of disbursing Federal funds. The Lake-McHenry regional program used its Title VI funds to establish the Lake-McHenry Regional Diagnostic Center. In 1973-74, this program was expanded into a regional program to coordinate the efforts of the Waukegan District 60, SEDOL and SEDOM.

Administration

The current administrative structure has been in existence since 1973. SEDOL, established in 1973 as the first legal entity joint agreement in the State of Illinois, is the administrative agent for Title VI, Title I, P. L. 89-313 Public and Private funds that come to the Lake-McHenry Regional Diagnostic Center.

The Governing Board for the Lake McHenry Regional Diagnostic Center is the Executive Board of SEDOL, the administrative district. It is composed of six member school district administrators, one local school district board of education member, and one non-voting member from the Superintendent of the Educational Service Region for Lake County. The only special education district which has representation on the Governing Board for the regional project is, therefore, SEDOL.

The others are represented, however, on the Advisory Board which consists of the three directors of special education and four representatives from private facilities. This Advisory Board meets monthly and has decision making authority on all aspects of the diagnsotic center's operation. The Governing Board has final approval authority and also meets monthly.

The Clinic Coordinator (Regional Director in other regions) has a Master of Arts degree in audiology with undergraduate work in speech. There is no state certification for audiologists, but she does have a certificate of clinical competence from the American Speech and Hearing Association in that area. She has had three years experience as an audiologist and two years experience in administration and supervision. She is primarily responsible for Title I, P.L. 89-313 Public, and Title VI, program development and implementation, and diagnostic services. She is directly responsible to the Governing Board of the region (the Executive Board of SEDOL) through SEDOL's director of special education.

Fiscal Management

The Lake McHenry Regional Diagnostic Center received the following funds in 1974-75.

Title I, P. L. 89-313 Private	$146,631
Title I, P.L. 89-313 Public	149,438
Title VI	149,438

No abnormalities were noted in the administrative district's method of handling expenditures for Title projects. The site visit team members indicated that the accounting system was a well-established, computerized operation monitored by an experienced fiscal agent.

Supervision and Services

Diagnostic Services

The regional program in this area has two components: diagnostic facilities and an infant program. Educational services (except for the infant program) are not part of the regional project. The educational component of the low-incidence program is controlled and funded entirely by special education districts, except that the coordinator of programs for deaf students is paid partly from Title funds.

As an indication of the services provided by the Lake McHenry Regional Diagnostic Center the following project professional staff were employed on a full time basis through a combination of Title VI and Title I, P.L. 89-313 Public funds:

One project coordinator

Three speech and language therapists

Three audiologists

Two parent infant-educators

One special education teacher

One occupational therapist

One physical therapist

One and one-half psychologists

One-half nurse-technician

Part-time employees include

.50 time speech and language therapist

.40 time psychologist

.60 time social worker

.34 time supervisor of the hearing impaired

These personnel meet with staff members from school districts and special education districts to discuss the areas that need development in a child. These would include suggestions for vocabulary, syntactic, and psychological development. In-service training is also provided for nurses and hearing technicians. It was noted that audiologists spend one day a week in the programs for hearing impaired students to check hearing aides and auditory equipment and to bring resources to the teachers. Some teachers indicated, however, that as Title VI has expanded they have found it more difficult to get the services they need.

The region has also provided otological-audiological clinics through cooperative efforts from the Illinois Department of Public Health, the Illinois Office of Education, and the Illinois Eye and Ear Infirmary. Children identified through screening are referred to this clinic which is held on Saturdays 12 times a year.

Parent-Infant Services

In the Title I, P.L. 89-313 Public proposal it was indicated that 20 children between the ages of 0-3 had been identified as exhibiting significant hearing, visual, orthopedic, profound mental, or multiple impairment, and behavior disorders. The region has, therefore, developed a parent-infant-education program. Parents are encouraged to become involved with the program by participation in the class routine on a regular basis. Also, speech, physical, and occupational therapists meet with the children and their parents to explain and demonstrate their procedures. This program and the one for orthopedically and multiply impaired students had use of two or three buildings built by the Deparmtent of Mental Health to serve as half-way houses for mentally impaired individuals. These facilities were not suitable for the children or the programs for them. All personnel interviewed recognized the need for more permanent facilities adapted to the needs of the children being served.

Orthopedically and Multiply Impaired

SEDOL operated 11 classes for orthopedically and multiply impaired students during the 1974-75 school year for 80 children. Approximately 70% of the 80 children had Cerebral Palsy, 10% had Spina Bifida, 10% had Muscular Dystrophy, and 10% other impairements. These children are served by 11 teachers, 9 aides, 4 physical therapists, 3 occupational therapists, 1 1/5 speech and language therapists, 1 nurse, 1 medical social worker, 2/5 psychologist, and 1/5 pre-vocational counselor. These programs are operated by SEDOL.

A pediatrician and a psychiatrist are "available by phone" for medical guidance. The greatest medical support is derived from the child's receiving services in a major medical facility, following which reports and recommendations are sent to the center providing for the child's care. A site-visit team member felt there was inadequate medical supervision for physical and occupational therapy services.

SEDOL employs two supervisors/consultants for orthopedically and multiply impaired children. One, who has responsibilities for coordination of the program for Physically/Multiply Handicapped, has a Bachelor of Science degree in Physical Therapy. IOE does not offer certification in this area but she has had eight years experience as a physical therapist and two years experience as a coordinator and supervisor of therapy programs. The other individual, whose responsibilities were for supervision of the Physically/Multiply Handicapped Special Education Instructional Program, has a Master of Arts degree in special education with concentrations for physically handicapped, emotionally disturbed, and learning disabled children. She has a Type 10 special certificate for teaching and supervising children in each of the above mentioned areas. She has had three years experience as a teacher and two as a supervisor.

Hearing Impaired

The Lake McHenry hearing impaired program has 100 hard-of-hearing children and 69 deaf children between the ages of 3-20. There are 14 teachers for the deaf students, 5 for classes of hard-of-hearing students, and 8 itinerant teachers. These teachers and students also have access to a social worker, a psychologist, and a pre-vocational counselor. It should again be emphasized, however, that these programs are funded and controlled through special education joint agreements and districts, and not by the Lake McHenry Regional Diagnostic Center.

There are two supervisors employed by SEDOL for hearing-impaired programs. One, who is funded partly by Title projects, has a Master of Arts degree in psychology. He has a Type 73 Pupil Personnel Services certificate with nine years experience as a school psychologist. This person, who has had experience with profoundly deaf students, serves as the supervisor for programs involving profoundly deaf students. The other supervisor supervises the program for hard-of-hearing students and the program for visually impaired students. She has a Master of Arts degree in education of deaf children, a Type 10 special certificate for deaf and hard-of-hearing children, and a Type 75 general administrative certificate. She has had three years of teaching experience and two years of supervisory experience.

Visually Impaired

It was indicated by responses to pre-site questions that a total of 66 partially sighted children had been identified within the region. SEDOL, however, provides educational services for 25 of these children. Three itinerant teachers and one resource room teacher serve these children. The qualifications of the supervisor were cited previously. There is an obvious need for more support for visually-impaired children.

Private Facilities

Four private facilities received Title I, P.L. 89-313 Private funds during the 1974-75 school year. Within these four facilities approximately

234 children received educational services funded through 2671 funds and were, therefore, eligible as the targeted population for Title I funds. Professional personnel employed with these funds include the program coordinator, a speech pathologist, a psychologist, a social worker, a 1/5 time visual training worker, and four aides. Physical and occupational therapy was also to be provided.

The speech pathologist and physical and occupational therapists were not available for hiring, however. The director of one facility indicated that there had been severe problems with Title I staff who were hired quickly. The nature of these problems was not specified. Of the 17 teachers in this facility only ten percent were certified in areas of special education. They did, however, according to the director, receive approval from IOE.

Problems

These problems were noted in our evaluation of this regional program.

1. The Lake McHenry Regional Diagnostic Center is completely dependent on Federal funds. If these funds were withdrawn, the services currently provided would be curtailed. Local resources would be able to fund less than half the cost to reinstate services.
2. The Governing Board for the region (the Executive Board of SEDOL) has no representation from the Special Education District of McHenry County and Waukegan District 60.
3. The region does not have the authority to provide an equal distribution of educational services throughout the region.

4. There is a need for earlier approval of funding so that qualified staff can be employed.

5. One site visit team member expressed concern about inadequate medical supervision for physical and occupational services.

6. As in almost all of the regional programs, this region has no direct control of educational services for children with low-incidence disabilities.

13. THE NORTHWESTERN ILLINOIS ASSOCIATION

The Northwestern Illinois Association (NIA) began in 1968, prior to the availability of Federal funds for regional programs. A group consisting of the Directors of Special Education and the County Superintendent of DeKalb County at that time conceived of a Regional Special Education Joint Agreement for visually, orthopedically, and hearing impaired children and formulated Articles of Agreement, devised a membership application, and established an assessment fee. NIA serves a 10 county area; and all 83 school districts within this area, with the exception of one which joined in the fall of 1974, joined in 1968. It is important to note, therefore, that NIA is not a one-year old Title VI project, even though it now depends heavily on federal funding, but a regional joint agreement.

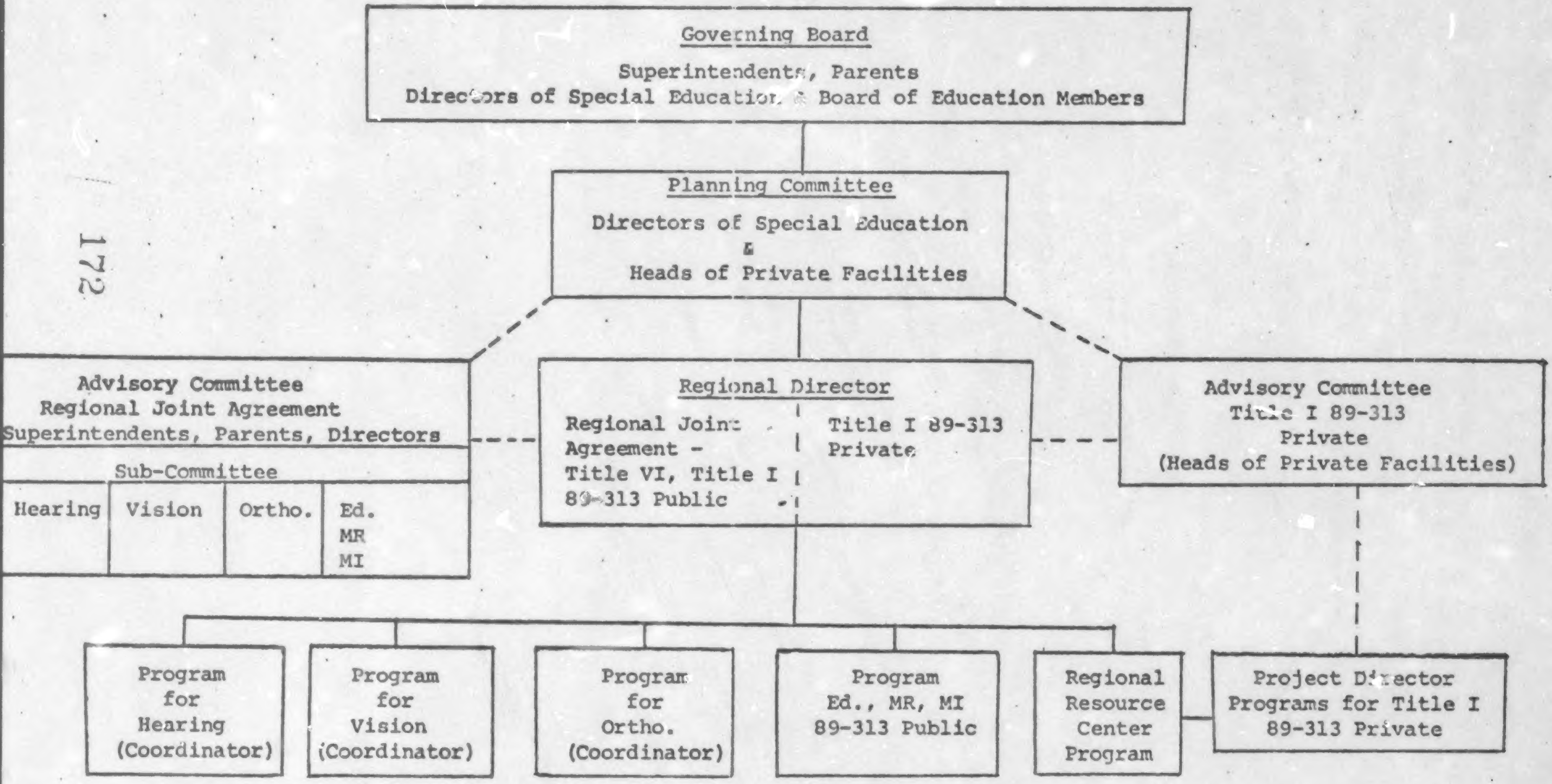
Administration

NIA has a Planning Committee and a Governing Board. The Planning Committee, which has decision-making authority, consists of the 13 directors of special education within the region, the assistant superintendent of the Administrative district (Sycamore Community Unit School District 427), and 3 non-voting members who are directors of private facilities. The Governing Board consists of 3 district superintendents, 6 members of boards of education, 4 directors of special education, 3 parents, and 5 non-voting members (3 directors of private facilities, the regional director, and a university representative). This board has final approval authority for all matters concerning the regional project. An organization chart is shown on the following page.

FIGURE 7. REGIONAL JOINT AGREEMENT (1974-75)

ADMINISTRATIVE STRUCTURE

NORTHWESTERN ILLINOIS ASSOCIATION


Governing Board
Superintendents, Parents
Directors of Special Education & Board of Education Members
Planning Committee
Directors of Special Education
&
Heads of Private Facilities
Advisory Committee
Regional Joint Agreement
Superintendents, Parents, Directors
Sub-Committee
Hearing
Vision
Ortho.
Ed.
MR
MI
Regional Director
Regional Joint Agreement - Title VI, Title I 89-313 Public
Title I 89-313 Private
Advisory Committee
Title I 89-313
Private
(Heads of Private Facilities)
Program for Hearing (Coordinator)
Program for Vision (Coordinator)
Program for Ortho. (Coordinator)
Program Ed., MR, MI 89-313 Public
Regional Resource Center Program
Project Director Programs for Title I 89-313 Private

The Planning Committee meets monthly whereas the Governing Board meets twice a year or as often as necessary. NIA has been studying the effectiveness of these two groups with a goal of possible reorganization due to a lack of interest in attending meetings. Most of the Governing Board Members also serve on the Planning Committee and apparently feel that attendance at both meetings is unnecessary since the same matters are discussed by both groups.

The regional director is responsible to the Planning Committee, the Governing Board, the Superintendent of the Administrative District and the Illinois Office of Education for all activities funded through Title I, P.L. 89-313 Public and Private, Title VI, and locally funded regional programs. He has a Master of Arts degree with concentrations in learning disabilities and administration. He has a Type 10 special certificate for speech correction and learning disabilities and a Type 75 general administration certificate.

The Assistant Director/Hearing Coordinator is also responsible for monitoring Title I, P.L. 89-313 Public, Title VI, and local programs. The project director of the Northwest Special Education Area Resource Center for the Handicapped (NWSEARCH) is responsible to the Regional Director for Title I, P.L. 89-313 Private activities. The project director has a Master of Arts degree and has ceritfication as a teacher/supervisor. In addition to these personnel the region also employs coordinators for the visually and orthopedically impaired.

Fiscal Management

For the 1974-75 school year NIA received $150,000 for each of the three Title projects (Title I, P.L. 89-313 Public, Title I, P.L. 89-313 Private, and Title VI). Additionally, it received $110,129 from local assessments and fees and special education reimbursement. Each school district pays $.25 for its Average Daily Attendance figure (ADA), and NIA receives a $100 fee for each child it serves from outside its regional boundaries. The region is also reimbursed $5,000 for each certified teacher and $2,000 for other non-certified staff.

Approximately 75% of NIA's programs are Federally funded. If these funds were withdrawn, state or local sources would need to provide the difference if programs were to be maintained at adequate levels. Also, as federal guidelines specify that federal funds cannot be used for services which include ongoing education and rehabilitiation, it may be necessary to increase local contributions to NIA for these types of services. NIA's accounting procedures are well-established and administrative decisions can be based, in part, on financial information since it is timely and adequate.

Supervision and Services

Hearing Impaired. NIA employs a coordinator of services to hearing impaired children and youth who also serves as the assistant director of the region, and as assistant coordinator for hearing impaired students. One of these persons concentrates on the education of deaf students and the other on programs for hard-of-hearing students. The coordinator of services to hearing impaired students who also serves as the assistant director of NIA, has a Master of Arts degree plus an additional 27 hours of graduate work. His major field of interest has been in the education of deaf students. He has a Type 10 special certificate for teaching or supervising deaf and hard-of-hearing students and has had five years of teaching and six years of supervisory experience.

All teachers are employed by special education districts or local education agencies. Within the region there are educational programs for 132 deaf students and 268 hard-of-hearing students. A staff of 23 serves the deaf population and a staff of 30 serves the hard-of-hearing. Some of the hard-of-hearing population is served in resource rooms and others are served by itinerant teachers.

Teachers of deaf children noted that some classes were isolated due to LEA problems which indicated a need for better clustering of classes to facilitate teacher preparation, professional exchange of ideas, and social interchange among student peers. Also, site visit team members noted inadequate space, facilities, and amplification equipment. One team member expressed concern about the lack of experience of itinerant teachers who provide help to other teachers. He did indicate, however, that the excellent supervision provided by NIA might alleviate this problem.

Visually Impaired. There are 170 visually impaired children served by 17 staff members. NIA, however, directly employs only a vision coordinator, a vision specialist, an orientation and mobility specialist, and a vision teacher. The coordinator for visually impaired students has a Master of Arts degree with specialization in administration and education of the visually impaired. He has a Type 10 special certificate for teaching or supervising visually impaired students and has had four years of teaching and four years of supervisory experience. The 17 teachers mentioned previously are employees of special education districts of local education agencies.

The teacher employed by NIA works on an itinerant basis for a two county area and serves students within the grade range of kindergarten to 12th grade. She does not go to schools where there are classes for visually impaired children, but provides consultation to "regular" teachers who have visually impaired children in their classes. She indicated a lack of space for storage of materials and poor lighting in rooms which are provided by the school. Some schools provide no room for her work. There seemed to be no problems regarding acquisition of equipment and supplies.

Orthopedically Impaired. There are 84 orthopedically impaired children being served by the region and 94 "health impaired" children. (This latter term is ambiguous and its meaning is unclear.) A staff of 17 serves these 178 children. NIA employs directly only a coordinator for the physically (orthopedically) impaired and three physical therapists, one of whom works part-time. The coordinator for orthopedically impaired students has a Master of Arts degree with concentrations in education of orthopedically impaired students and supervision. He has a Type 10 special certicicate for teaching or supervising orthopedically impaired students and has six years of teaching and three years of supervisory experience.

Within the region there are 14 orthopedically imparied programs. Within these programs one might wish to include 92 multiply handicapped children served by an additional 20 staff members (again not employees of NIA). These children are defined as having orthopedic impairments and have additionally been diagnosed as being educable mentally handicapped.

Problems cited by the coordinator of programs for orthopedically impaired students were:

1) Lack of definitive clarification of the coordinator's role in relation to building principals.

2) Lack of NIA's authority to hire and evaluate teachers.

The second problem is obviously closely related to the first.

In addition to the above services, NIA employs a bilingual consultant, a REMIS coordinator, a video-tape specialist, two audiologists, and a parent-infant-Education specialist.

Identification Procedures

NIA has developed agreements with various agencies (Northern Illinois University Speech and Hearing Clinic, The Illinois Department of Public Health, the Division of Services for Crippled Children, the Department of Children and Family Services, and NWSEARCH) to insure proper identification of hearing and visually impaired children. IDPH technicians share offices with NIA staff and routinely make their findings available to the regional administrators. Additionally, NIA conducts inservice meetings for school nurses and annually reviews its referral procedures with all special education districts within the region. Screening is conducted yearly as outlined by law in the schools, and an audiological-otological clinic is conducted jointly by IDPH, DSCC and NIA approximately 10 times each year with 45-50 children being seen each time the clinic is held.

A goal of NIA this past year was to develop a referral process for orthopedically impaired students. The coordinator for this disability participated in interagency activities relating to identifying and referring any child. He also had the physical therapy staff attend various agency clinics sponsored by DSCC, Easter Seal, and United Cerebral Palsy and acquaint local physicians with the therapy services being offered and the regions' referral procedures.

In order to improve the accessibility of diagnostic procedures and programs, NIA has established three sub-regions. Staff employed to fill positions in these sub-regions will be asked to live within them.

Approximately one-half of the 19 private facilities in the region were included in NWSEARCH (Title I, P.L. 89-313 Private) for the 1974-75 school year. The major goals for the project were to set up the following educational programs within private agencies:

1) Language Development

2) Motor Consultation

3) Parent Education

4) Dissemination of Information

To accomplish these goals a coordinator for Title I, P.L. 89-313 Private, 4 perceptual motor facilitators (two part-time), 2 parent educators, 3 speech and language specialists (1 at 50 percent time), a daily living skills specialist who works 50 percent time, and a video-tape specialist were hired. Additionally, 3 Title III mini-projects related to providing services for children 0-3 in the private sector were conducted this past school year. NIA hopes to include all the private facilities in the NWSEARCH project for the next year; but the regional director believes that mandated educational services should be provided by the public sector.

The target population for NWSEARCH last year consisted of 42 educable mentally handicapped children, 73 trainable mentally handicapped children, 244 learning disabled children (who are to be returned to public schools this fall, according to the regional director), 36 emotionally disturbed children, and 218 multiply handicapped children, for a total of 613 students. The private facilties also received 2671 funds for each of these children. NIA does not, however, have any involvement in placement of children in private facilities.

Problems

While we plan to avoid personal comments on individual regional programs in most instances, a few of the programs were obviously operating so well that simply listing their problems would leave an unjustifiably negative impression. NIA is one such program. It is well organized, well administered, appropriately though not adequately staffed, and providing valuable services to low incidence disabled children within its geographic area of responsibility and within the limitations of legal and financial restrictions that confront all of the regional programs. Nevertheless, the following problems were noted in our evaluation of NIA:

1. NIA does not have direct control of most of the services to low incidence disabled students in its region. Those services are controlled by LEA's or joint agreement units.

2. NIA does not have authority to employ, evaluate, and terminate most of the staff providing direct services. Again, this authority is in the hands of the LEA's or joint agreement units.

3. NIA must depend on the LEA's to provide classroom space and other facilities.

4. The roles of the NIA-employed coordinators in relation to building principals in such matters as teacher supervision and use of classroom space, are not clear. The building principal usually (legally

and administratively) has control of these affairs, and the coordinators of services for low incidence disabled students can function effectively only through the principal's good will.

5. The NIA, like most other regional programs, is heavily dependent on the Federal funds from Titles I and VI.

All of these problems, and others that have not been listed, would be corrected by implementation of the recommendations presented in an earlier section of this report, particularly Recommendation 4 which urges establishment of some form of intermediate or statewide school district and full funding of the excess costs of services for low incidence disabled children and youth.

14. THE EDUCATIONAL REGIONAL ASSOCIATION

In 1968 Joliet Public Grade Schools, District 86, applied for and received Title VI funds to operate a diagnostic clinic staffed by an audiologist, speech pathologist, educational diagnostician, neurologic consultant, psychiatric consultant and one-half time director. This clinic provided diagnostic and prescriptive services for District 86 for three years until, in 1971, the district joined with 103 other school districts in a 5 county area to develop a regional program using Title VI funds. This region is currently known as the Educational Regional Association (ERA).

Referrals to the clinic were coordinated with the programs of the 11 directors of special education in the region,and each school district was assessed to establish a regional program for hearing impaired children. The salary for the coordinator and the auditory training equipment for the classes were funded by the local assessment, with local districts providing classroom space and teachers.

In September, 1974, an expanded Title VI grant was received and additional personnel were to be added: a parent-infant-educator, a media technician, a coordinator for the severe language impaired, a coordinator for visually impaired children and physically impaired children, an orientation and mobility instructor, and physical therapists. At the time of the site

visit on June 3-4, the only regional personnel consisted of the Acting Director, a coordinator for the severe language impaired, a media technician, who had been on the job for only two days, and the coordinator of services for hearing impaired students who is paid by state and local funds. The region has retained the following diagnostic staff in addition:
two audiologists, a social worker (at the time of the visit the Acting Director), a clinic nurse, an educational diagnostician, and a speech pathologist.

Administration

Joliet Public Grade Schools, District 86, has continued to serve as the administrative agent for Title VI and has also assumed responsibility for administering Title I, P.L. 89-313 Public and Private funds. The administrative agent has final approval authority on all matters concerning the regional project. ERA has an Advisory Board made up of the 11 directors of special education, 1 superintendent, 1 director of a private facility, and 1 parent. The director of the private facility and the parent are non-voting members of the Board. The Board has decision making authority and meets on a monthly basis to discuss the operation of the project. The region does not have a governing board.

The social worker of ERA was appointed on January 6, 1975, to fill the position of Acting Director for the remainder of the year. She has a

Master of Social Work degree and a Type 73 Pupil Personnel Services Certificate and had three years of social work experience with exceptional children in District 68. ERA attempts to maintain (as can be seen from the composition of the Advisory Board) a decentralized approach with most of the decision making kept at the local special education level. ERA has, therefore, a lack of authority in making placement recommendations, hiring personnel, providing direct services to children, assuring that proper facilities are available for low-incidence disabled children and determining its priorities.

Fiscal Management

ERA received the following funds from the sources indicated for the 1974-75 school year:

Title I, P.L. 89-313 Public	$115,286
Title I, P.L. 89-313 Private	$100,537
Title VI	$127,137
State and local sources	$120,150

One site visit team member concentrating on fiscal matters observed that budgetary information could have been more timely but that a computerized system would soon be operational and would, therefore, provide greater detail for each line item account and make the information more accessible to those making budgetary decisions. ERA was reported to have adequate control over expenditures.

Supervision and Services

During the 1974-75 school year approximately 135 hearing-impaired children were receiving educational services throughout the region. As indicated previously, the local special education districts employ all teachers and provide classroom facilities. The region has, however, funded a program in hearing impairment by local assessments. This money is used to purchase auditory equipment and to pay the salary of the coordinator of services to hearing impaired students. A total of 20 teachers who have certification for teaching deaf and hard-of-hearing children are employed by special education throughout the region. The average teacher has seven to eight years experience.

Hearing Impaired

The coordinator for the hearing impaired program has a Master of Science degree in guidance counseling. Her undergraduate work was in the area of education of deaf children. She has a Type 10 special certificate for teaching deaf and hard-of-hearing students and has had four years of teaching and two years of supervisory experience.

A site visit team member observed that the staff has used considerable initiative in developing good programs for preschool and primary aged hearing impaired children. He also stated that the program for hard-of-hearing students was appropriate for students of all ages. Programs for deaf students at the junior and senior high levels were deemed to be inadequate due to a limited range of offerings and the small number of students enrolled. Of the students enrolled approximately half were multiply handicapped or severely educationally retarded because of poor school attendance.

Visually Impaired

Since there have been no regional programs or personnel to serve visually and orthopedically impaired students, it seems appropriate to quote a problem statement, number two in ERA's Title VI proposal for 1974-75:

> At the present time in the region, there are 150 visually impaired or physically impaired children, ages 0-21, whose functioning is impaired by lack of systematic coordination of programs throughout the region. There are presently five classrooms in the area of the partially sighted and four classes of the physically handicapped. In addition to the 90 some youngsters attending these classes, there are fifty or sixty children with limited physical impairment or visual impairment functioning in standard classroom programs. These children are in need of continued evaluation to be sure that their class placement is the best possible and that the program offered in that placement is adequate to their needs.

A coordinator of programs for visually impaired and orthopedically impaired students was to be hired to fill the needs expressed in the problem statement. At the time of the site visit this person had not been employed.

Three teachers serving 24 visually impaired children were interviewed by a site visit team member. These teachers have had little contact with ERA staff and would see the employment of a coordinator as an added opportunity to provide them with consultative services. The classes and programs for visually impaired students were judged to be fairly typical of such classes in the State. There is, however, no current regional procedure for screening or identification of these students nor are there any services for infants or preschool age children. Our site visit team members strongly believed there must be many unserved visually impaired children within ERA and that employment of a coordinator would result in the identification of more children with visual impairments and the initiation of new programs.

Orthopedically Impaired

The same would probably be true for orthopedically impaired students. The Advisory Board of ERA has decided, however, to employ two physical therapists to provide additional services for orthopedically impaired students, and the State approved the purchase of physical therapy equipment.

Severe Language Impairments

ERA has employed a coordinator of severe language disorders under Title I, P.L. 89-313 Public to develop and supervise programs for austic children and children with similar disorders. He is to work 60% of his time with this project. He has a Bachelor of Arts degree with concentrations in sociology-psychology and a Master of Arts degree with specializations in behavior disorders, learning disabilities, and educable mentally handicapped children. He has standard certification for K-12, a Type 10 special certificate for emotionally disturbed, learning disabled, and educable mentally handicapped children, and a Type 75 general administration certificate.

During the 1974-75 school year three classes for austistic children were operational; it is expected that eight will be operational in the 1975-76 school year. The coordinator was also to provide a summer workshop on autism. He has previously held other workshops throughout the region. It would seem that this program will probably become well-established.

Private Facilities

There are seven private facilities participating in Title I, P.L. 89-313 Private activities. Four other private agencies did not participate for unknown reasons. The representation of the participating agencies on the Advisory Board is limited to one non-voting member, and the administrative agent for the grant is the same as for Title VI and Title I, P.L. 89-313 Public. The Acting Director of the regional project meets with the private facility directors on a monthly basis. Personnel employed for private facilities through Title funds are hired by the administrative district, and some directors of private facilities feel they should also have the opportunity to interview possible employees. Also, potential staff members should have the opportunity to visit the facilities in which they will be placed.

A total of 127 children were targeted for Title I, P.L. 89-313 private funds. Four program liaison workers were to be employed to work with families to provide a transition from home to school in the areas of education and communication. A behavior modification specialist was to have been employed for private facilities, but this position has not been filled. As in other areas of the state, the private facilities do not seem to be as well informed in regard to decisions or concerns relating to their programs since the state has changed its methods of administering private Title I funds. They seem to be pleased with the services, however, and feel that the program liaison workers have been especially helpful. It should also be noted that one-third of the regional director's and the media specialist's salaries were paid by Title I, P.L. 89-313 Private funds.

Problems

These problems were noted in our evaluation of this regional program.

1. An absence of adequate staff has hindered the development of consistent services for low-incidence disabled children, especially for visually impaired and for orthopedically impaired children.

2. The decentralized structure of ERA has hindered the delineation of responsibility, the determination of regional priorities, the identification of children needing services, and proper supervisory support for teachers of low-incidence disabled children.

3. There is a great dependence on Federal funds in this region except for the program for hearing-impaired students.

4. Programs for junior and senior high school deaf students appear to be inadequate.

5. Private facilities do not have adequate representation or decision making authority in regard to their Title project.

15. THE MID-CENTRAL ASSOCIATION

Administration

The Mid-Central Association (MCA) based in Peoria began in December of 1968 when it received its first Title VI grant, and the Articles of Agreement were ratified on January 8, 1969. Currently, MCA operates approximately 53 classes for 350 children with low-incidence disabilities. The region is composed of 11 counties, 7 special education districts, and 125 participating school districts and 2 non-participating school districts.

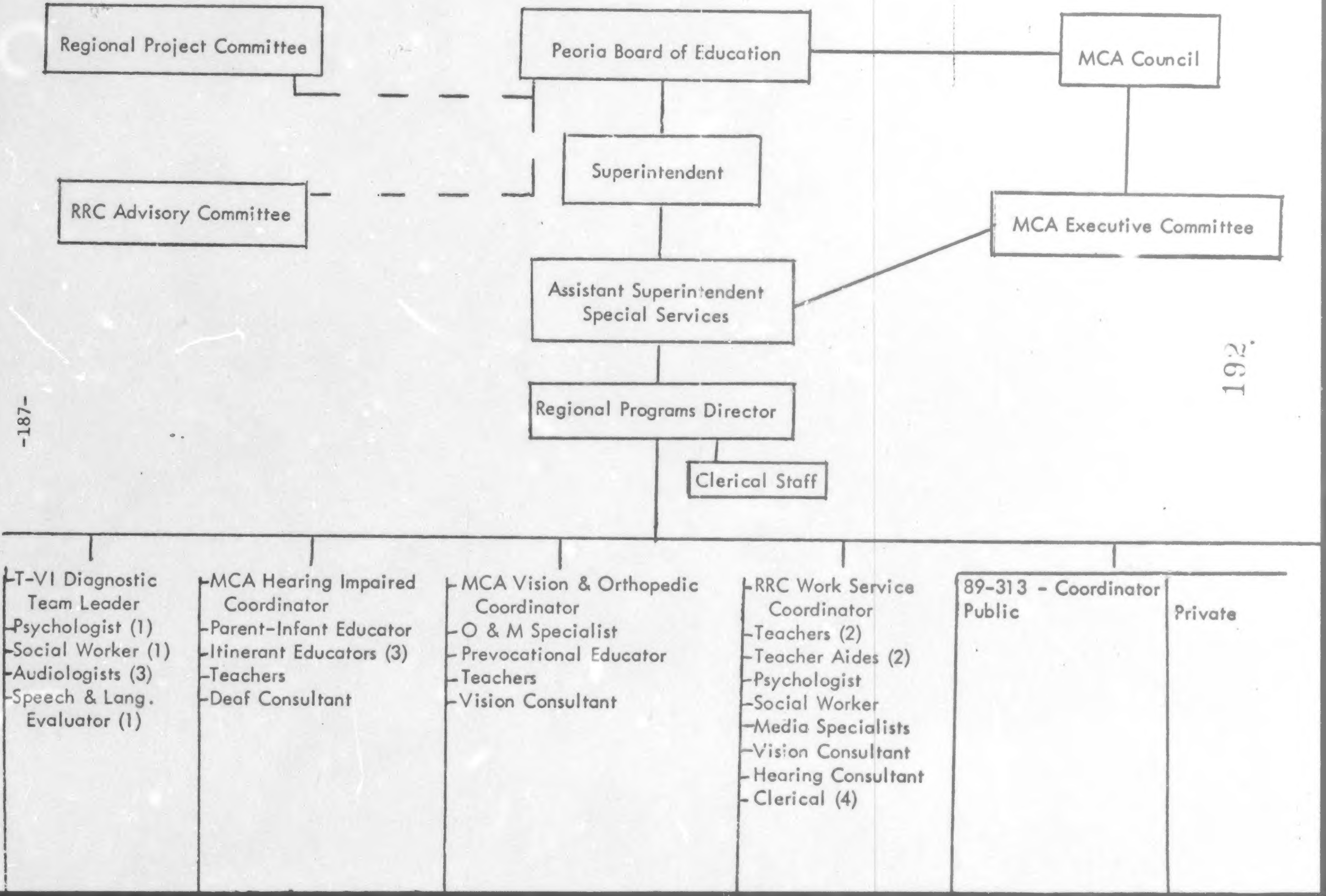
The governing board, referred to as the MCA Council, consists of a Superintendent of an Educational Service Region, five district superintendents, an assistant superintendent, seven directors of special education, four parents (two are associate members), four university representatives, one principal and the Regional Director who serves as an ex-officio member. The Council meets quarterly but the Executive Committee of the Council meets monthly. It consists of the seven directors of special education, two representatives from Illinois State University and the Regional Director who, again, serves as an ex-officio member. The Council through its Executive Committee has final approval authority for the organization of the regional project, hiring and salaries of project personnel, and operating policies of the project. It has decision making authority on the use of funds received and financial management, and an advisory role on the application or preparation of proposals for funding.

The advisory board (referred to as the Regional Project Planning Committee) consists of three district superintendents, one assistant superintendent, six directors of special education, two directors of private schools, three parents, three university representatives and the regional director. According to information supplied in the pre-site questionnaire, this committee has final approval authority for organization of the regional project, the application or preparation of proposals for funding, the hiring of project personnel and operating policies of the project. It has decision making authority on the use of funds received and financial management and an advisory role on the salaries of project personnel. The organizational chart supplied by the region does indicate, however, that all administrative matters are ultimately the responsibility of the Superintendent of Peoria District 150 and its Board of Education (see next page).

The regional director, who has since terminated his employment with this regional project to join another, has a Bachelor of Arts degree in Psychology, and a Master of Arts degree in Special Education with concentrations

FIGURE 8

REGIONAL PROGRAMS ORGANIZATIONAL CHART


Regional Project Committee
Peoria Board of Education
MCA Council
Superintendent
RRC Advisory Committee
MCA Executive Committee
Assistant Superintendent Special Services
Regional Programs Director
Clerical Staff
T-VI Diagnostic Team Leader
Psychologist (1)
Social Worker (1)
Audiologists (3)
Speech & Lang. Evaluator (1)
MCA Hearing Impaired Coordinator
Parent-Infant Educator
Itinerant Educators (3)
Teachers
Deaf Consultant
MCA Vision & Orthopedic Coordinator
O & M Specialist
Prevocational Educator
Teachers
Vision Consultant
RRC Work Service Coordinator
Teachers (2)
Teacher Aides (2)
Psychologist
Social Worker
Media Specialists
Vision Consultant
Hearing Consultant
Clerical (4)
89-313 - Coordinator
Public
Private

in the emotionally disturbed, socially maladjusted, and administration. He has Type 03, Type 09, Type 10, and Type 75 certificates and a letter of approval as a director of special education. His Type 10 certificate is in the areas of the emotionally disturbed and socially maladjusted. He has 5½ years of teaching experience and 7½ years of administrative experience. He reports, according to the organizational chart, directly to the Assistant Superintendent of Special Services of District 150, who reports to the Superintendent of that district and to the MCA Executive Committee. The Superintendent reports to the Peoria Board of Education, and the Executive Committee reports to the MCA Council which in turn is responsible to the Peoria Board of Education.

Fiscal Management

MCA received in revenues for the 1974-75 school year funds from the following sources:

Title I, P.L. 89-313 Public	$ 132,074
Title I, P.L. 89-313 Private	$149,476
Title VI B	$130,000
Local and State Sources	$1,054,761

Joint agreements are assessed 21.6 cents per ADA on a monthly basis and a tuition charge of $1,800 per year is assessed for each child attending MCA classes. Actual costs per child by impairment were indicated by the assistant superintendent for special services of the administrative district to be:

$3,013 - hearing impaired

$7,430 - visually impaired

$2,652 - mentally and physically impaired

Supervision and Services

Hearing Impaired

A total of 146 hearing impaired students were enrolled in MCA classes during the 1974-75 school year. The Supervisor of programs for those sutdents has a Master of Science degree plus another 20 hours on the graduate level with a concentration in education of deaf children. He has a Type 09 certificate for teaching secondary students and a Type 10 certificate for teaching/supervising deaf and hard-of-hearing students. His professional experience includes three years of teaching and three years as an instruction developer/media specialist.

The teaching staff, unlike most other regions, are employed by MCA and administered by Peoria District 150. The Regional Director is responsible for teacher evaluation and seeks input from the coordinators. With regard to placement of a child into a program, however, the region is subject to the control of local school districts. The opinion was expressed that in some districts unless a child became descriptive he would not be referred to the region. The coordinators usually make final decisions for placement, however.

Problems of administrative layering was also evident within MCA. Coordinators stated that the person who accepted final responsibility for low-incidence disabled children depended on the involvement of the building principal. Usually, the coordinator is responsible for the program and the principal is responsible for everything that happens within his building.

The coordinator for hearing impaired students indicated that 30 high school students were receiving educational services in two different locations. He found it difficult to provide adequate programs for them, especially in the area of vocational training. There is, however, a distinct reluctance to utilize the Illinois School for the Deaf in Jacksonville for secondary programs.

Visually Impaired

The coordinator of programs for the visually impaired and the orthopedically impaired children and youth has a Master of Science degree plus 13 hours additional academic credit. Her undergraduate work concentrated on elementary education and education of visually impaired students. Her graduate course consisted of educational administration with additional work in education of the educable and trainable mentally retarded child. She has Type 03 and Type 10 certificates. Her Type 10 certificate in special education is for the blind/partially sighted and for the educable and trainable mentally retarded. She has five years teaching experience and two years of supervisory experience.

MCA had 64 children enrolled in classes for the blind/partially sighted and 120 in classes for the orthopedically impaired. The coordinator views her major roles as finding, diagnosing, placing, and implementing suitable programs for those children. A few instances of friction with building principals were mentioned by this coordinator, but she felt the problems were minimal. The largest problem cited by both coordinators was the logistics (travel, etc.) in serving an eleven county area. Neither coordinator related any problems in regard to acquisition of equipment and supplies. The only problem noted by a site visit team member was that a parent had to make a 70 mile round trip to a regional program site since her child was under the chronological age of three years and was not eligible for transportation services.

Private Facilities

As previously indicated six private facilities received a total of $149,476 for supplementary services to their child population. Two private facilities within the region were not participants for the 1974-75 school year. The participating private schools primarily serve profoundly mentally handicapped and behavior disordered children with multiple impairments. A total of 124 children were targeted for this project (50 TMH, 13 LD, 7 ED and 54 other health impaired) but it is estimated that a total of 307 multiply impaired children are receiving reimbursement under 2671.

The private facilities also have an Advisory Board which consists of the Directors of the six participating facilities, a representative from the Department of Mental Health and the Coordinator for Title I P.L. 89-313 Private from MCA. This Board meets once each academic month and expresses its opinions or concerns. Site visit team members indicated a high degree of cooperation between public and private agencies with the following diagnostic-referral process:

1. Referral through local Special Education Director
2. Referral and work-up by regional teams
3. Staffing (private sector represented)
4. Referral - public or private programs

Concern was expressed by site visit personnel, however, that the regional program has little direct control over the operating functions of the private agencies. There is, therefore, a lack of any systematic, formal evaluation procedures. The private sector has little, if any, input into budgetary matters for their projects and people in private facilities expressed a concern over the possible elimination of 2671 funds. If this occured without adequate replacement, the loss of revenue would close or severely curtail some private agency programs.

Identification Procedures

Throughout the state, the Department of Public Health is responsible for vision and hearing screenings. It would appear from information gathered on the site visit to MCA that such screening is done on a hit-or-miss basis and that greater cooperation between IOE and IDPH is needed. One person interviewed stated that if IDPH were to follow the mandates of the Child Hearing Test, that he would need to increase his itinerant teaching staff for hearing-impaired children to 3-5 times its present size. Also, it should be noted that the region receives no referrals from the three northern or the three southern counties included within the region. Regional personnel have attempted to make physicians aware of regional programs but have found little cooperation. The diagnostic component of the region is, however, highly involved and competent.

Problems

These problems were noted in our evaluation of this regional program.

1. The regional coordinators need more direct authority over teachers who are now at least partly controlled by building principals.

2. A definite need exists for more cooperation between the regional program and IDPH. Findings from IDPH on identification of children should be routinely referred to MCA.

3. The MCA should consider utilizing the Illinois School for the Deaf for its secondary programs. ISD can provide more appropriate academic/vocational classes than can the MCA.

4. A coordinator with a background in education of orthopedically impaired children and youth should be employed.

5. Private facilities should be given more opportunity to express their needs and participate in budgetary formulations that will affect them.

6. Regional services should be mandated so that all areas within a region would refer and send children to quality programs.

16. THE WESTERN ILLINOIS ASSOCIATION

The Western Illinois Association (WIA) includes 11 counties with an area of approximately 12,500 square miles and an estimated school age population (3-21) of 107,000, with an additional population of approximately 15,000 children between the ages of 0-3. The region is divided into four cooperative special education districts.

WIA began operation in September, 1974, with primary emphasis being placed on serving children with hearing, visual, mental, behavioral, or multiple impairments. Services for these children are provided by 13 professional and 5 other staff members housed in three offices located in Moline, Galesburg, and Macomb. The Moline and Galesburg offices have audiometric suites and full time audiologists. An audiometric suite located at Western Illinois University at Macomb is utilized two afternoons a week by the Galesburg audiologist. All three offices have a full-time hearing consultant, a behavioral specialist, an educational consultant and clerical staff. A vision specialist, an educational technologist (who had resigned prior to the site visit), and a physical therapist are on call to any of the offices within the region. WIA also operates three parent-infant programs on a homebound basis by certified teachers for children between the ages of 0-3.

Administration

WIA has both an Advisory Board and a Governing Board. Its administrative district is Kewanee Community Unit School District 229. The Advisory Board is composed of the four directors of special education, two directors of private facilities and the Superintendent of the administrative district. The Board meets monthly and serves in an advisory capacity only.

The Governing Board for WIA has final approval authority on all matters relative to the regional project, except for hiring project personnel and establishing their salaries. The Governing Board serves in an advisory capacity for the hiring of personnel and has decision making authority on their salaries. This board meets six times a year and is composed of the following:

One superintendent of an Educational Service Region
Four district superintendents
Four directors of special education
Two directors of private schools
Six parents
One teacher
One executive director of the Hancock County Mental Health Center.

The Regional Director has an Ed.D degree in special education administration with additional concentration in mental retardation. He has a Type 75 general administration certificate and a letter of approval as a director of special education. He has had four years teaching experience, ten years experience as a speech therapist, and seven years experience in administration and supervision. According to the Articles of Agreement for WIA, the Regional Director is the chief administrative officer of the Association and is under the direct control and supervision of the Governing Board. He is responsible for programs funded by Title I, P.L. 89-313 Public and Private and Title VI. Even though the Regional Director is supposed to be controlled by the Governing Board, it appears that the four directors of special education actually make most of the decisions for the region.

Fiscal Management

The WIA received funds from the following sources for the 1974-75 fiscal year:

Title I, P.L. 89-313 Public	$144,654
Title I, P.L. 89-313 Private	80,535
Title VI	136,666
State reimbursements	75,000

No funds were received from local sources during the year. If Federal funds were to be suddenly withdrawn, the Regional Director indicated that the program would shut down unless the state provided approximately 90% of his present funding. He felt the local school districts would need to provide the additional 10% if this would be possible on a short notice.

The financial data provided to the Regional Director was observed to be inaccurate due to malfunctioning of a newly installed bookkeeping machine and to some confusion resulting from an increased number of funding sources and amounts. The Regional Director does, however, keep personal records which give him reasonable indications of his financial situation. All personnel indicated that an improvement in coordination should be forthcoming after their first independent audit.

Supervision and Services

Hearing Impaired

A total of 10 deaf children and 676 hard-of-hearing children were targeted for services from Title VI during 1974-75. These services were to consist of assisting local district and joint agreement personnel in providing diagnostic testing, consulting with teachers, and recommending educational programs by two audiologists and three hearing consultants.

The supervisor for hearing impaired students is also the coordinator of low-incidence programs. He has a Master of Science degree in audiology and a Type 10 special certificate as a speech pathologist. He has had five years experience as an audiologist and two years of supervisory experience.

In this region, as in most others, the responsibility for placement of low-incidence disabled children in appropriate educational programs rests with the local school districts and the special education cooperatives. The regional staff does provide some input for placement. One example was cited, however, of a hearing impaired child being placed in a class for educable mentally retarded children by a director of special education who now refuses to utilize regional personnel.

A site visit team member indicated that local control of programs for hearing impaired children has led to a lack of coordination of services to deaf and hard-of-hearing students. He recommended that the programs for deaf and hard-of-hearing be studied and that a master plan on a regional basis be developed. Other services provided by the region, however, appeared to be effective and the personnel were well qualified.

Visually Impaired

There is one consultant in the region who supervises 60 students with vision problems in regular classes. There are 10 blind children in public school classes in the region and 19 children enrolled at the Illinois Braille and Sight Saving School in Jacksonville. This consultant also referred to services for visually impaired students in Rock Island. He did not, however, specify the number of children being served.

The consultant has recently completed his Master of Science degree with a concentration in education of visually impaired children.

He has a Type 10 special certificate for teaching visually impaired students and has had two years teaching experience and eight years supervisory experience.

Orthopedically Impaired

The consultant for the orthopedically impaired has a bachelor of Arts degree in physical therapy, is a registered physical therapist, and has worked in that capacity for 12 years. This person provides guidance to parents, teachers, school nurses, and the Division of Services for Crippled Children. During the 1974-75 school year approximately 70 clients, mostly with cerebral palsy involvement were being served in a five county area.

A site visit team member observed that this was a well conceived physical therapy service and that the therapist received and utilized appropriate guidance from physicians. The site visit member also indicated, however, that the case load and geographic area were large for one person. He further recommended that employment of an occupational therapist would help to provide needed services.

Private Facilities

Two private facilities within the region received services provided by Title I, P.L. 89-313 Private funds. Two other private schools have indicated some interest in participating in future projects. Twenty-six trainable mentally retarded and 29 other health impaired children were targeted for the Title I proposal. Personnel employed were two behavioral instructors (one of whom worked 6/7 time as a behavioral instructor and 1/7 time as a team leader), two tutoring assistants, and two tutoring aides. The duties of these personnel consisted of developing behavioral objectives for the targeted children in the areas of toileting, eating, dressing, communication, motor skills, and behavioral problems. Additionally, they were to develop sequential steps toward the behavioral objectives with specific teaching methods, procedures, materials, and a variety of activities.

The director of one of the participating schools stated that private facilities were adequately represented on the Governing and Advisory Boards but that approximately 80% of the topics discussed related to public school problems. He felt a need, therefore, for more discussion on the concerns of Title I Private programs. He also indicated that the projects funded under Title I, P.L. 89-313 Private were not doing as well as anticipated and that more coordination was necessary. In general, there appeared to be good understanding between the public and private sectors in this region.

Problems

These problems were noted in our evaluation of this regional program.

1. The Western Illinois Association does not have adequate legal responsibility for providing services to low-incidence disabled children.

2. There is a heavy dependence on Federal funds.
3. There is inadequate coordination between the WIA and the administrative district on fiscal matters.
4. The WIA is not as aware of the educational services provided for low-incidence disabled children by local or special education districts as it should be.
5. As a result of problem Areas 1 and 4, there is a lack of regional coordination of educational services for low-incidence disabled children.

17. THE EAST CENTRAL COUNTIES LOW PREVALENCE REGION

Administration

The East Central Counties Low-Prevalence Regional Program based in Decatur provides supportive supplementary services to children between the ages of 0 and 21 who have significant visual, hearing, or orthopedic disabilities. Additionally, the program serves those children who are severely to profoundly retarded, behavior disordered, emotionally disturbed and multiply handicapped, primarily through private facilities funded by Title I P.L. 89-313 Private. The region is composed of 14 counties with 113 school districts, and 7 special education districts. The school age population for the region is approximately 148,578.

The 1974-75 school year was the first for the regional project to work under its current administrative structure. When in September of 1974 the three Title projects (Title VI B, Title I, P.L. 89-313 Public and Title I, P.L. 89-313 Private) came together under a single administrative unit, the Decatur School District 61 declined to continue as the administrative agent for the project. At the request of the IOE, Mr. Howard Brown, Superintendent of the Educational Service Region in Macon County, agreed to administer the project. The lateness of this decision made it difficult to find highly qualified people to implement the project objectives.

The region has only an Advisory Board which Mr. Brown insists act strictly in that capacity. The Board is made up of three superintendents of Educational Service Regions, two district superintendents, six directors of special education, two directors of private facilities and four parents. The Board meets monthly but special meetings can be called at the request of the chairman or the administative agent. Some confusion concerning the composition of the Advisory Board and its role surfaced during the 1974-75 school year and the administrative agent appointed a committee to study these problems and make recommendations. The administrative agent maintains final approval authority on all matters relative to the regional project.

The Acting Director of the regional project also serves as the consultant/supervisor for programs for visually impaired students. He has a Master of Education degree with a specialization in education of visually impaired individuals, and has a Type 10 certificate for teaching or supervising blind and partially sighted children. He has had six years teaching experience and the 1974-75 school year was his first as an administator. He is serving as the Acting Director since he does not currently have the necessary administrative certification for Director.

The Acting Director views his major role as consisting of identifying and assessing children with low-incidence disabilities. He and his staff should provide support services which would include assistance in program placement and evaluations of pupil progress. Here, as in most other regions, however, direct educational services are the responsibility of the local districts and joint agreements. The local district is responsible for the placement of children in special education programs but the regional director indicated that his staff does cooperate with the local districts on placement decisions. Teaching personnel for children with low-prevalence impairments are employed by the local districts and the amount of consulting or supervising of these teachers by regional personnel is dependent upon the degree of involvement desired by the local districts, the director of special education, and the building principals.

Fiscal Management

This regional project received $130,000 for Title I, P.L. 89-313 Public, $167,927 for Title I, P.L 89-313 Private, and $130,000 for Title VI B. It received no funds from state or local revenues. The IOE did not provide special education reimbursement for people in the regional project since they are administered by the Superintendent of the Educational Service Region of Macon County and not by a school district. The project is, therefore, completely dependent on Federal funds, and the administrative agent stated that if Federal funds were withdrawn the project would be dissolved.

Supervision and Services

Hearing Impaired

A total of 66 deaf children and 54 hard-of-hearing children have been identified within the region. The teachers of these children are employed by the LEA's and receive direct supervision from a regional supervisor for hearing-impaired students who is employed by the directors of special education joint agreements. Her position is administerd by the Champaign Community Unit School District 4. She has a Master of Education degree with concentration in education of deaf pupils, has a Type 10 certificate for teaching/supervising deaf and hard-of-hearing children, and a Type 75 general administration certificate. She has six years teaching experience and two and one half years of supervisory experience. The East Central Counties Low-Prevalence Region employs a regional teacher for hearing-impaired students whose duties consist primarily of follow-up on children referred as a result of audiometric screening, assisting in parent-education for parents of hearing impaired children, and assisting in planning in-service programs for teachers and parents.

Visually Impaired

The region employs two people to serve visually impaired students. One is the Acting Director of the region whose qualifications were previously reported, and the other is an Orientation and Mobility Instructor. According to information provided by the Acting Director, 15 blind children and 36 partially sighted children have been identified. The supervisor/consultant hoped to refine the identification process of visually impaired children to the point that all visual impairments requiring educational planning would be channeled to him for more comprehensive evaluations and follow-up. He also hoped to provide additional itinerant and resource services and materials and equipment for those with significant needs.

Orthopedically Impaired

A total of 96 orthopedically impaired children and 107 multiply impaired children have been identified within the region. Ten of the orthopedically impaired children and 62 of the multiply impaired children are being served in private facilities. The regional consultant/supervisor for children with these impairments has a Master of Arts degree in special education and a Type 10 special education certificate for teaching the physically handicapped. He has two years teaching experience. His primary duties consist of developing and maintaining a system of identification and referral, participating in staffings for placement of students, parent and teacher consultations, securing adaptive devices, providing in-service training for teachers, and providing appropriate follow-up on children with orthopedic impairments.

Other professional personnel employed by the regional project include a business manager, an educational technologist, a diagnostic teacher, two audiologists, a child placement coordinator, and a consultant nurse.

Private Facilities

Six private schools participated in Title I, P.L. 89-313 Private projects. They used their funds primarily to employ teacher's aides to serve the schools' pupils. The administrative agent for the regional program has indicated that these aides could not be employed through Title funds in the future. The private facilities feel they have inadequate input in decisions such as this and desire more consideration for their needs from the regional project and the administrative agent. They also feel the regional project could help considerably by employing personnel who had areas of expertise that could be of benefit to the children in their schools. They speak highly of the child placement coordinator, however, whose duties include follow-up on children placed in private facilities. The private sector feels this person acts as an effective liason between the public and private schools.

Problems

These problems were noted in our evaluation of this regional program.

1. There is a complete dependence on Federal funds. If they should be withdrawn the project would collapse.

2. The regional consultant/supervisors, except for the regional supervisor for hearing impaired students hired by the special education director, have no real authority for the development and supervision of programs.

3. There is a need for more effective communication among all personnel involved with any of the Title projects.

4. The regional director lacks the required administrative credentials. It should be recognized, however, that his background is in the area of one of the low-incidence disabilities.

5. For consistent planning in regional projects, we question the advisability of having elected officials serve as administrative agents.

6. The Illinois Office of Education should give earlier notice of approval of Title projects to facilitate the hiring of quality personnel.

It can readily be seen that most of these problems are similar to those listed for other regional programs.

18. THE WEST CENTRAL PROGRAM

The West Central Program for Low-Prevalence Handicapped Children serves four special education joint agreements, a local special education district, and 76 local school districts. The region began operations on September 1, 1974, when programs for Title I, P.L. 89-313 Public and Private were merged with Title VI projects.

Administration

The West Central Program has no Governing Board. Its Advisory Board is composed of five directors of special education, the school superintendent from the administrative district (Springfield Public School District 186), an assistant superintendent of a local school district, a parent, and a director of a private facility. This board has decision making authority on all matters relative to the regional program, but the administrative district has final approval authority on all matters. This board meets monthly.

The Regional Director, who had been coordinator of Title I-private programs in the previous year, has a Master of Arts degree plus 32 additional graduate hours. His undergraduate work was in physical education and psychology and his graduate work has been in special education with an emphasis in mental retardation. He has a letter of approval as a director of special education and also has administrative endorsement. He has had two years teaching experience and nine years experience in administration and supervision. His job description specifies the following responsibilities:

1. Overall administrative responsibility for West Central Region including program, personnel, and fiscal matters.
2. Maintains liaison with the Office of Public Instruction (now IOE) regarding matters pertinent to the project.
3. Maintains accurate records for all program, fiscal, and personnel matters.
4. Relates directly to the Regional Project Committee and keeps members up-to-date regarding the project.
5. Maintains close contacts with organizations and agencies that deal with handicapped children.
6. Coordinates all referrals for direct project services.
7. Takes leadership role in working with the Director of Special Education in the area in an effort to establish a regional program to serve low incidence handicapped children.

An administrative weakness cited by the evaluation team concerned the lack of authority to provide services on a regional basis.

Fiscal Management

The West Central Program received funds from the following sources for the 1974-75 fiscal year:

Title I, P. L. 89-313 Public $140,501

Title I, P. L. 89-313 Private	$159,499
Title VI	150,000
State reimbursement funds	99,731

The Regional Director stated that local resources could possibly fund approximately 20% of the existing program if Federal funds were to be withdrawn. The state would need to supply the other 80%. A site visit team member indicated that adequate controls over expenditures were being maintained.

Supervision and Services

The primary thrust of this regional program consists of four clinical diagnostic programs located in Quincy, the Four Rivers Special Education District, the Sangamon Area, and the Mid-State area. Each area was planned to have a diagnostic team consisting of three team members with the exception of the Sangamon area, which was to have five team members. Team members were to have qualifications as educational diagnosticians, school social workers, school psychologists, or specialists in specific areas of special education. Each of the locations was also to hire an area curriculum specialist, each with training in a different area of specialization in a low-incidence disabling condition. During the first year of this project, the major roles of the area curriculum specialists was to conduct an in-depth needs assessment and to work with the project director and the Program Development Coordinator to develop a master plan for services to the region. They also served as consultants to existing programs providing educational services to low-incidence disabled children. The West Central Program provided no educational services for children; these are provided by the special education districts.

Some of the following concerns were expressed by site visit team members:

1. The relationship of the regional administration to the diagnostic center and the area curriculum specialists is not clear.
2. An apparent lack of regional feeling was evident in the diagnostic centers. The personnel identified with the local programs and were only incidentally aware of the regional program.
3. Some children may be kept in diagnostic classrooms for long periods of time because adequate local programs have not yet been developed.
4. The area curriculum specialists are not working on a regional basis.

Hearing Impaired

There are two area curriculum specialists in the West Central Program who work with particular disabilities. One serves hearing impaired children. This person has a Master of Science degree with a concentration in education of deaf children. She has a Type 10 special certificate for teaching deaf and hard-of-hearing students and has six years teaching experience.

As an indication that the area curriculum specialists are more local than regional, this person reports directly to the director of special education of the Four Rivers District and she has not worked outside of the district yet. It should be noted in relation to this that there are no day classes for hearing impaired students in this particular district. This district projected a need for five teachers and three aides to work with hearing impaired children in the 1975-76 school year,but it has previously sent all of its deaf students to the Illinois School for the Deaf at Jacksonville. There were, at the time of the site visit, day classes for preschool-intermediate hearing impaired students at Quincy and Springfield. The number of children being served in these programs was not stated. The West Central Program did, however, target 27 deaf children and 209 hard-of-hearing students in its Title I, P.L. 89-313 Public and Title VI proposals for 1974-75.

Orthopedically and Multiply Impaired

The other area curriculum specialist working with children in particular disability areas had a Ph.D. degree in special education with a concentration on multiply-impaired children. She is the area curriculum specialist for orthopedically and multiply impaired students and early childhood education. Her primary duties consist of providing supportive services to teachers, preparing children for their next levels of instruction, collecting relevant data on children, and assisting in medical management when it is indicated. As the area curriculum specialist for hearing impaired children, she is primarily responsible to the director of special education for the Mid-State Special Education District.

In addition to these personnel, the region also employs a Program Development Coordinator, two audiologists, an area curriculum specialist in early childhood education, and an educational technologist. These personnel, with the exception of the diagnostic clinicians, are also partially paid from Title I, P.L. 89-313 Private funds. The proposal for private facilities also included a behavior modification specialist, a physical therapist, a speech and language specialist, two activity specialists and four instructional aides.

Private Facilities

The type of personnel employed for the private sector indicates an emphasis on behavior modification, physical therapy, and speech and language programming. There are four private facilities within the West Central region participating in these services provided by Federal funds. These four programs targeted 80 trainable mentally retarded children, 27 visually impaired children, and 10 deaf-blind children for Title I, P. L. 89-313 Private. It was generally felt by site visit team members that the private facilities were providing good services and that the supplemental services provided by regional staff were helpful. There appears to be, however, some seeds of factionalism between the public and private sectors. Concerns were expressed by private facility personnel that they had inadequate representation on the Advisory Board. The public sector, in turn, feels that the private sector is receiving more than a fair share of attention, services, and money from the region. No disagreements have arisen over the quality of services provided by private facilities.

Problems

These problems were noted in our evaluation of this regional program.

1. There is a lack of authority to provide services on a regional basis. One person observed that the regional program was a "paper organization" only and that it had no legal authority to do anything.

2. As in other regions there is a heavy dependence on Federal funds.

3. A majority of the regional staff are not working on a regional basis. They seem to be more closely related to special education districts than to the West Central Program.

4. Since regional personnel have been so closely attached to special education districts, their services have not been provided for the region. Hence, some districts within the region have not received services that were to be provided regionally.

19. THE SOUTHWESTERN ILLINOIS REGIONAL SPECIAL EDUCATION ASSOCIATION

In August of 1968 a Title VI grant for serving low-incidence disabled children of preschool age was approved for Madison and St. Clair Counties. Two full time and four part time professional personnel operated two diagnostic centers on a part time basis beginning in the fall of 1968. Vision and hearing screening programs for children 3½ to 5 years of age were started in 1969 and continued until the Illinois Department of Public Health accepted responsibility for this service. In January of 1970 four other counties were added to the region to be served by the diagnostic center and in May, 1973, the Title VI program and the Southwest Program for Low-Incidence Handicapped were merged to form the Southwest Illinois Regional Special Education Association (SIRSEA). In September, 1974, a consortium known as Project Impact was merged into the Association and now includes seven private facilities. There are 58 local Education Agencies and 7 joint agreements for special education within the boundaries of SIRSEA.

Administration

The administrative agent for SIRSEA is the Superintendent of Harmony-Emge District #175 in Belleville. The administrative agent has final approval authority for all matters relative to the regional program. There is close cooperation between the Regional Director and the administrative agent. The Governing Board consists of one superintendent and one assistant superintendent of Educational Service Regions, three district superintendents, seven directors of special education, five directors of private schools, five parents, and one university representative. This Board meets monthly and has decision making authority on all issues relative to the regional program. There is no Advisory Board in SIRSEA.

The regional director has a Master of Arts degree with a specialization in speech correction and additional work in special education. He has a Type 10 special certificate for teaching/supervising speech correction and a letter of approval as a director of special education. He has had seven years of experience in speech correction and eight years in administration and supervision. He has been with the current program since its inception in 1968. The director views his role in the region as providing the following services.

1. Diagnostic services for pre-school children and school age children with low-incidence disabilities.
2. Consultant and supervisory services for low-incidence disabled students.
3. Media services for low-incidence disabled students.
4. Staff to upgrade private facilities.
5. In-service training for teachers and paraprofessionals.

The Board has been very supportive of the director in these matters but it seems to be difficult to get agreement from the Board on matters concerning low-incidence disabled children. The Board sees greater need existing in high incidence disabilities.

As in most other regions the local districts and special education districts have the authority to hire teachers and the responsibility to provide direct educational services for low-incidence disabled children. This creates a number of administrative layers and the Director feels the regional concept should be firmly established with a legal base and the region should be responsible for the education of low-incidence disabled children. In this region low-incidence refers to hearing, visual, and orthopedic impairments.

Fiscal Management

Funding sources for SIRSEA for 1974-75 were:

Title I, P.L. 89-313 Public	$150,000
Title I, P.L. 89-313 Private	149,437
Title VI	150,000
State and local sources	56,900

The financial consultant with our site visit team observed that accountability is sufficient for all funds administered by District #175, but that a separate bank account is not maintained for funds received on behalf of SIRSEA.

Supervision and Services

Hearing Impaired

The supervisor of services to hearing impaired students works with 18 certified teachers serving 120 deaf and hard-of-hearing children. There are 3 classrooms for hard-of-hearing and 15 for deaf children. An additional 25 children in regular classrooms receive services from a speech pathologist. The supervisor has a Master of Science degree in education with a concentration in learning disabilities. His undergraduate work was in the education of deaf children. He has a Type 10 special certificate for teaching deaf and hard-of-hearing children. He has had one and a half years teaching experience and six years supervisory experience. The supervisor indicated that the amount of authority he has depends on the authority given him by special education directors and building principals.

Teachers cited a need for a guidance counselor with a background in deafness due to a number of behavior problems among students. They also requested a reduction in the amount of red tape one must go through to get adequate supplies. Also, class groupings frequently cover too wide of an age and ability range. In addition to the need for a guidance counselor, the supervisor cited needs for a teacher for multiply handicapped deaf children and a person to do follow-up work for the mildly hearing impaired identified by Public Health Screening programs.

Visually Impaired

The consultant for visually impaired students served only two programs during the 1974-75 school year. There was one resource room for 15 children and one itinerant teacher for 8 children. Eighteen students from this region attend the Illinois Braille and Sight Saving School in Jacksonville.

The coordinator had been on the job for only a short time (7 months) at the time of the visit and was trying to develop a system for early identification of visually impaired children in the region. The coordinator has a Master of Arts degree in education of visually impaired students and a Type 10 special certificate for teaching visually impaired children. He had approximately five years experience as a community services representative for visually impaired people prior to his current position.

Orthopedically Impaired

The consultant for orthopedically impaired and multiply handicapped students has a Master of Science degree in education. She has a Type 10 special certificate for teaching the physically disabled and had about five years teaching experience prior to her current position. Even though the pre-site questionnaire and the site visit did not provide the team with the number of children and teachers this coordinator works with, it was learned by phone calls to the director of special education within the region that 282 orthopedically impaired and 92 multiply handicapped are being served. This coordinator indicated good rapport with teachers and local administrators. She indicated, however, a lack of authority for making decisions about the effectiveness of staff employed by LEA's, the purchasing of equipment, and the selection and retention of staff in LEA's. Teachers indicated that they were not always sure how LEA administrators relate to and accept "outside" contact and they (the teachers) sometimes hold back on their use of supervisors.

Other personnel working with SIRSEA include the following:

Title VI

Audiologist
Supervisor of diagnostic services-speech pathologist
Diagnostic teacher (2/5 time)
Occupational therapist (3/5 time)
Two psychologists (4/5 time total)
Social worker (3/5 time)
A consultant for difficult to program children
Secretary
A clerical aide
The regional director and three supervisors/consultants are also on the Title VI staff

Title I, P.L. 89-313 Public

Occupational therapist (2/5 time)
Social worker (2/5 time)
Two physical therapists (each 2/5 time)
Educational media technician (works 1/3 time on each project)
Secretary
Physical therapist
Parent-infant educator

Private Facilities

There were eight facilities participating in Title I, P.L. 89-313 Private programs in the region for the 1974-75 school year. The local school district and the private agencies participate in joint staffings for placement purposes. The directors of private facilities are represented on the Governing Board but they sometimes feel overpowered by the directors of special education. A total of 202 trainable mentally retarded and 50 emotionally disturbed children served as the target population for the Title proposal.

Personnel employed include the following:

Coordinator
Three special educators
Art therapist
Three paraprofessional aides
Physical therapist (1/5 time)
Secretary

It would appear that the public and private sectors have mutual respect for the other services. Children placed in private facilities are reassessed annually and there are periodic reviews on a quarterly basis. Regional staff members also make informal visits to the participating schools.

Problems

These problems were noted in our evaluation of this regional program.

1. Regional staff does not have responsibility for educational services to low-incidence disabled children.

2. The region is extremely dependent on Federal funds.
3. The system of decision making is cumbersome.

Again, the problems can be seen to be the same as those cited for other regions.

20. THE SOUTHERN ILLINOIS ASSOCIATION FOR LOW INCIDENCE HANDICAPPED

The Southern Illinois Association for Low-Incidence Handicapped (SIALIH) serves 27 counties with an area of approximately 11,000 square miles. Within this area there are 158 participating local school districts and 7 Special Education joint agreements. This one region is an outgrowth of three project areas established to administer Title VI-B E.S.E.A. funds for identifying and diagnosing preschool children with some disabling condition, primarily those with hearing and vision problems. This focus was expanded to include in-depth diagnostic and support services for both preschool and school age children. In 1974 these three project areas were merged into the one present region for the purpose of better serving low-incidence disabled children.

Administration

The administrative District for SIALIH is Hamilton County Community Unit District 10 in McLeansboro. The region has both a Governing Board and an Advisory Board. The Governing Board meets monthly and is composed of the seven directors of special education, seven school superintendents (one from each special education joint agreement), and the superintendent of the administrative district. This board has final approval authority for all aspects of the regional program except for the application or preparation of proposals for funding. The board has advisory responsibilities in this area. The Advisory Board for SIALIH is composed of six parents, two of whom are alternates. This board meets twice a year and serves in an advisory capacity for all issues relative to the region. There is no representation from private facilities on either the governing or advisory boards.

The regional director, who reports directly to the Governing Board, has a Master of Science degree with concentrations in speech pathology and audiology. He has a Type 10 special certificate for teaching or supervising in the area of speech correction. Additionally, he has a Type 75 general administrative certificate and a letter of approval as a director of special education. He has had three years experience in teaching and clinical work and seven years experience in administration and supervision. His general job description includes assuming responsibility for the development, implementation and follow-up of programs relevant to the identification and education of multiply impaired and low-incidence disabled preschool children and assisting the directors of special education within the region in the development of programs and services for all disabled children.

Fiscal Management

SIALIH received the following funds in 1974-75:

Title I, P. L. 89-313 Public	$148,666
Title I, P. L. 89-313 Private	150,000
Title VI	148,666

It is anticipated that SIALIH will also receive $31,780 in state reimbursements for qualified staff. In this region, unlike most other regions, SIALIH enters into contractual agreements with the special education joint agreements. These agreements specify that the joint agreement will bill SIALIH for certain items (salaries, supplies, travel, office expenses and fixed charges) throughout the year, and SIALIH will then reimburse the special education district. Our site visit team member stated that adequate fiscal control over expenditures were being maintained.

Two observations by a site visit team member seem particularly appropriate in a description of fiscal matters within this region. First, local education agencies are becoming concerned about the expansion of special education as opposed to the maintenance of existing K-12 programs. Two superintendents within the region predicted that over one-half of the LEA's would face bankruptcy in the next two to three years if the current trend continues. Second, priorities for use of Title funds in the 1975-76 fiscal year indicate that the region must return to child-finding activities, but the LEA's have no money for such additional programs.

Supervision and Services

Visually and Orthopedically Impaired

This region employed no supervisors or consultants for orthopedically or visually impaired students during the 1974-75 school year. A regional needs assessment determined by personal interviews with the directors of special education and private facilities indicated, however, that there were 65 orthopedically impaired, 17 blind, 78 partially sighted, and 113 multiply handicapped children within SIALIH; 87 of the multiply handicapped children are in private facilities.

Hearing Impaired

This needs assessment also indicated that 73 deaf children and 266 hard-of-hearing children were within the region. A regional center for deaf children is being built as a wing on an existing elementary school in Marion to provide for 65 students. It is scheduled to open in September of 1976. At the time of the site visit, classes were meeting in a church and 52 children between the ages of 3-18 were enrolled. There are 10 certified teachers serving these students. Some of the students spend up to one and one-half hours in transportation one-way. Our site visit team member felt the teaching was adequate and appropriate but that supervision and curriculum development was inadequate.

Two other classes for hearing impaired children were observed. One had six pupils with an age range of 4-15. The other class had two students--one was 4 years of age and the other was 6. These two classes are isolated and have practically no supervision. The age range of the students in the first class is far too great.

There are six itinerant teachers of hard-of-hearing children and youth who serve approximately 100 students scattered over the region. These teachers see four or five children each day. Some of these teachers drive 450 miles per week and see the supervisor three or four times a year. They would like to meet at least one time each month.

The supervisor of programs for hearing impaired students has a Master of Science degree with a specialization in learning disabilities and an undergraduate background in speech correction. She has taken summer courses to become certified as a teacher for hearing impaired children. She has Type 03 elementary and Type 10 special certificates for teaching and supervising deaf and hard-of-hearing students. She has one year of experience in aural rehabilitation, one year in speech pathology, and five years in teaching educably handicapped children. She has had no experience in teaching deaf children.

Services provided on a regional basis in the public sector consist primarily of audiological services, supervision and consultation services for itinerant teachers of hearing impaired students, R.E.M.I.S, consultant psychological services for deaf students and blind students, and the regional center for hearing impaired students. The region also has a parent-infant-educator for 20 percent time.

Private Facilities

Four private facilities received funding from Title I, P.L. 89-313 Private during the 1974-75 year. Two facilities with a total of five students receiving 2671 reimbursement did not participate during the past year. The governing and advisory boards are the same as for SIALIH. A total of 110 students were target children for the Title project. The majority of these were trainable mentally retarded children and the rest were emotionally disturbed children.

Salaries for the regional director, the coordinator of low-incidence programs, the educational technologist, and the three audiologists are partially paid from Title I private funds. Additionally, the Title project provided for a speech therapist, a physical therapist, a home-training specialist, six paraprofessionals, and a "necessary" worker. An additional home training specialist and an audiologist were to be employed on a part time basis. A behavior modification specialist was to serve as a consultant to the programs.

There appeared to be good relations between the private and public sectors, but there was a general feeling that local education agencies would gradually take over many of the responsibilities of the private facilities.

Problems

These problems were noted in our evaluation of this regional program.

1. The most apparent problem is the large area served by SIALIH. Given the population sparsity of the region and its large area, can effective programming for low-incidence disabled children

be achieved? Perhaps the region could develop residential accomodations for children who have to be transported long distances.

2. The region needs to provide supervisors of programs for visually and orthopedically impaired students.

3. Some classes for hearing impaired children are isolated and have too great an age range among students.

4. The region has little, if any, authority to implement programs for low-incidence disabled children. Almost all authority rests with the local education agencies and the special education districts.

5. This regional program, as most others, is almost completely dependent on Federal funds for its existence.

6. Private facilities have no representation on either the governing or advisory boards.

APPENDICES

A. HISTORICAL BACKGROUND OF REGIONAL SPECIAL EDUCATION PROGRAMS IN ILLINOIS

About 1960, the State of Illinois began to take a critical look at the problem of hearing impairment among its school children and at the programs and services provided for them over the prior 20 years, and was prodded into action by its findings. Long-term activities resulted, involving identification of problem areas and preplanning, development of programs and services, and statewide coordination -- all of which have direct bearing on present activity toward regional programs and services for certain disabled children.

Phase I - Identification of Problem Areas and Preplanning

At that time (1960), there was no organized plan for the identification of children or for programs and services for hearing disabled children. State guidelines were based upon the development of individual classes by school districts and joint agreements among school districts. Because of the low-incidence of severe hearing impairment among the child population, only the City of Chicago could provide a sufficient number of children to develop a comprehensive educational program. The severity of the educational problem and the unique needs of deaf children required comprehensive services if these children were to be educated in public schools. This meant a plan for adequate grouping, special instructional media and equipment, adequate facilities, interdisciplinary evaluations of medical, audiological, and educational service, experienced teaching and supervisory staff, and a system of early identification and prevention.

While in 1960 the public schools enrolled some 1,500 hearing impaired children, it is safe to say that despite the best efforts of school administrators, no program in Illinois had been able to meet these criteria. Since there was no planned identification program, few preschool children were enrolled and then with no special provisions; children in classes were poorly grouped; since they usually served only one joint agreement, evaluation services were inadequate--there were no psychologists with special training or experience with deaf children and no audiologists in the public schools to make audiological recommendations for individual hearing aids, group amplification units, or room acoustics. Lack of school space caused serious problems in program stability, and as late as 1964, in one suburban area attempting to consolidate its services, lack of school space necessitated classes being scattered in eleven different schools over a 20-mile area.

> Classes in Chicago were located in 18 schools without regard to the most effective program development. In the rest of of the state, 387 children were enrolled in 53 classes located in 34 schools in 29 communities. Employment of teachers could not keep pace with enrollment and many classes were staffed by unqualified teachers. In the downstate area, one-third of the

teachers were inexperienced or new to the state, and in all programs, supervision by a qualified experienced teacher of the deaf was virtually nonexistent. To compound this situation further, five other agencies also provided educational services and there was only limited coordination among any of these programs.

Parallelling the problems in education were equally serious problems in the areas of identification, diagnosis, treatment and referral to education. A questionnaire survey, in which the State Department of Education participated, was conducted in 1961 by the Illinois Commission for Handicapped Children in an effort to determine the extent and coverage of hearing conservation programs for school age children. The following findings are important, for they represented the 1,758 reporting school districts:

1) Over 50 percent of the districts did not have regular hearing screening programs.
2) There were no statewide standards for the regularity and method of testing.
3) Testing was done by individuals representing ten occupations and combinations of occupations.
4) 21 percent of those testing had no training.
5) 66 percent of the test equipment was not calibrated.
6) 10 percent of the districts did not notify parents or physicians when a child failed the tests.
7) Only 33 percent of the persons making educational recommendations were qualified by education and training to do so.

It is also important to note that in no program did an educator of deaf and hard of hearing children participate in recommending the educational follow-up. It would seem that the educational specialist had not assumed his responsibilities in the identification process nor had he interpreted this area of concern to school administrators.

Steps toward regionalized services were taken through (1) revision of the Rules and Regulations Governing Special Education to establish minimum size for programs and initiate long-range regional planning, and (2) incentive legislation for regionalized preschool programs through increased funding and improved standards, as follows:

1) Article III - 1964 Rules and Regulations of Special Education

B. Establishment of Educational Facilities

Rule 3.05 The Board of Education of the local district shall formally take action to initiate the program only after careful preplanning to insure sound establishment of such services, proper identification of children, meeting of required standards for reimbursement, continuity and expansion of services.

Rule 3.06 The preplanning shall include consultation with the recommendation of the Division of Special Education.

Rule 3.07 An approved plan must include a sufficient number of children to make it possible to provide for appropriate groupings according to hearing loss, age, and educational achievement at all educational levels.

Rule 3.08 Programs for DEAF children shall have a minimum of 6 classes at the elementary level in addition to a preschool class.

Rule 3.09 Programs for deaf children, having less than the minimum number of classes, will be approved for reimbursement only if these classes are part of a comprehensive, long-range developmental plan which has been approved by the Division of Special Education.

2) The revisions also set standards for (a) improved evaulation services and (b) for supervision of the program from the point of identification; and established new designs for preschool classes with a team of teachers of deaf children and a nursery-kindergarten teacher for each ten children.

Rule 3.11 Classes for preschool children shall be for children ages 3, 4, and 5, and shall have a teacher-team of a nursery-kindergarten teacher and a qualified teacher of the deaf.

Rule 3.24 A class for preschool deaf children (ages 3, 4, and 5) with one qualified teacher of the deaf and one qualified nursery-kindergarten teacher shall have a ratio of 1 teacher to 5 children.

Incentive legislation, House Bill 1037 of 1963, provided for increased reimbursement from $3,500 to $5,000 for children ages 3,4, and 5, by amending section 14-8 of Illinois School Code; other legislation provided for $10,000 reimbursement for each preschool program with a teacher team. In 1963, there were 97 preschool children in programs; by 1964-65, with the influx of deaf children from a recent rubella epidemic, the enrollment was 391.

Statistics on enrollment of preschool deaf children by year are:

	1964-65	1966-67	1967-68	1968-69	1970-71	1971-72
Parent-Infant (0-3)	0	0	0	59	58	68
Preschool	391	293	444	428	421	412

3) Full utilization began to be made of mandatory provisions, School Code of Illinois, Section 14.7.01, for regional participation by school districts for children attending classes in another district.

Article 14 - Handicapped Children - The School Code of Illinois (H.B. 1407)

Sec. 14 - 6. Children attending classes in another district. If a child, resident of one school district, because of his handicap attends a class or school for any of such types of children in another school district, the school district in which he resides shall grant the proper permit, provide any necessary transportation and pay to the school district maintaining the special educational facilities the per capita cost of educating such children.

During this same preplanning phase, communication was instituted by the Office of the Superintendent of Public Instruction with the Illinois Department of Public Health for joint development of an effective hearing-testing program, coordinating medical and educational services of public health and school health. The Department of Public Health formed a unit for hearing conservation and employed an audiologist to develop a statewide program.

Phase II - Development of Regionalized Programs and Services

A state plan for comprehensive programs and services within the public school system was now emerging. By 1964, most special education joint agreements were participating in a regional educational program for deaf children. Programs were supported by special education reimbursements and local assessments. However, this agreement did not guarantee improved services to children. Increasing problems continued to be encountered: over-crowding of schools prevented stability of facilities for which one school district had to be benefactor to many districts; crisis locations were not convenient to area transportation; costs of programs rose higher as needed services in space, personnel, and instructional equipment were expanded, and so forth.

Of major concern was the transient nature of the policy-making structure within all state governmental agencies--especially since five agencies were involved in some way with educational programming. The magnitude and severity of the problem of hearing impaired children was of growing concern, and there was need for a firm interagency commitment to regional educational programming by the State. Consequently, a group of concerned professionals appealed to the Illinois Commission on Children to assist the state with this critical problem. The following proposal was made to the Commission:

> We recommend to the Commission on Children the establishment of a Committee on the Hearing Impaired with the charge of developing a state master plan for comprehensive services for the hearing impaired.

In the spring of 1965, the Commission on Children considered and accepted this request for a special project, and a Special Committee on the Hearing Impaired was authorized and established. A 2 1/2 year state study ensued.

Mandatory special education under House Bill 1407 was passed in 1965 to become effective in 1969. While this legislation was extremely important to programs and services for all disabled children, it was somewhat untimely for the hearing impaired. Pressures on school districts to provide services for the known high incidence disabilities decreased attention to the hearing impaired just at a time when a breakthrough seem possible.

Fortunately, the Committee on the Hearing Impaired of the Illinois Commission on Children completed its study in 1968 and reported its master plan in the publicastion, A Comprehensive Plan for Hearing Impaired Children in Illinois. Its major educational recommendation was for the development of regional programs and services and the coordinated utilization of all local and state resources. The publication outlined a statewide plan of comprehensive programs and services to hearing impaired children.

Regions were specifically designed to consider a realistic child population base for comprehensive programs, centered around population areas to assure daily or weekend travel to their homes for most children in the state. A child population base of about 150,000 was deemed necessary for a minimum program size of 100 children.

The State Department of Special Education distributed the publication widely and urged implementation as rapidly as possible. The Department also set about implementation of recommendations by forming the Advisory Committee on the Hearing Impaired, recommended by the Commission:

> A permanent Advisory Council for the Education of the Hearing Impaired (ACEHI) should be established by the Office of the Superintendent of Public Instruction in cooperation with the Department of Children and Family Services, to implement the coordinated program. This Council would advise the Superintendent of Public Instruction and other state and local agencies.

This Committee was established in 1969 within the Department for Exceptional Children of the Office of the Superintendent of Public Instruction.

A significant action by the Illinois Commission on Children as an outgrowth of the state study was the sponsoring of Senate Bill 324 in 1969, The Child Hearing Test Act. A unique feature of the bill required coordination between the Illinois Department of Public Health and the O.S.P.I. in order to unify services from identification to education. The Rules and Regulations were written jointly by both departments according to provisions of the law. The Rules specified the formation of regional committees for its implementation, and policy of the Illinois Department of Public Health designed the regions to coincide as much as possible with those prosposed for educational regions in the Comprehensive Plan for Hearing Impaired Children in Illinois.

The Rules and Regulations of the Child Hearing Test Act took further precautions to unify services from identification to educational service by a referral procedure as follows:

> Rule 7.02 Medical evaluation and audiological review must be immediately recommended through the parents or guardians of all children who meet the Illinois Department of Public Health referral criteria as a result of threshold screening testing. These same children must be made known to the local Special Education Director who shall consider their need for further audiological evaluation, educational and/or developmental screening and special education.

The Illinois Department of Public Health in 1974 established regional intensive care units for mothers at high risk of having a disabled child. There is now the increased possibility of coordinating services for disabled children from birth.

Phase III - Coordination

A concentrated effort toward coordination of programs and services began with the formation of the ACEHI committee recommended by the Illinois Commission on Children. The Committee was interagency and included representation from the State parent group and Illinois Association of the Deaf. Proposals of previously formed working committees were channeled through ACEHI. One important report was from the state study committee on Administration and Finance of Regional Programs for the Hearing Impaired. Major points are summarized below.

> Such regional programs within the framework of the public schools will necessitate a network of local educational programs and

> services within special education organizations and also the establishment of certain central facilities for use by all school districts within specified regions. These central programs and services for the region will involve: (1) construction of special facilities for children with severe and profound hearing losses, (2) educational evaluation and diagnostic unit, (3) modern audiovisual media and equipment, and (4) a highly specialized staff.
>
> To meet these critical needs on a statewide basis the committee on administration and finance recommends all approved centralized programs and services in each specified regional program for the hearing impaired be financed one hundred percent of the costs of construction and ongoing annual expenses as is now the policy of the state for similarly handicapped children attending the state school for the deaf.

It was anticipated that this proposal, the proposals of the Illinois Commission, and the demonstration projects on regional programming would enable necessary legislation or State policy to be formulated for the implementation of Regional programs and services. The proposal was presented to the State Advisory Council on Special Education (established under H.B. 1407 to implement the law for mandatory services to all disabled children), and recommended to the State Superintendent of Public Instruction in 1970. The new state administration of O.S.P.I advised further study and proposed, in 1971, under Senate Bill 1213, an appropriation of $400,000 (amended to $200,000) for the study of regional programs and research.

Parallel with this state activity was the new Federal legislation of Title VI of the Elementary and Secondary Education Act and the allocation of funds to states to supplement but not supplant services for disabled children. The first plan by the State of Illinois, in 1967, proposed priorities and included a section on special education regional programs for the hearing impaired within the public school system. (Illinois Journal of Education, April, 1968.)

Group I Priorities included (1) Exemplary Supervision Project, (2) Diagnostic Services Project, and (3) Clinical Service Center Project.

Group II Priorities included Comprehensive Regional Programs for Hearing Impaired Children based on a minimum population base of 100,000 pupils.

The initial implementation in the use of Title VI funds as determined by the Department for Exceptional Children was for the development of supplemental services on a regional basis for supervision, clinical service centers, and identification services with emphasis on preschool children with so-called low-incidence impairments of hearing, vision, and orthopedic conditions.

Coordination of regional programs became a complex problem that persisted for several years: the Title VI service was not firmly coordinated with the Handicapped Children section in O.S.P.I.; fragmenting of existing special education regions occurred for Title VI purposes; changes in personnel and policy occurred with the newly elected state superintendent; there was pressure on school districts to meet the mandate of 1407; revisions of the Rules and Regulations deleted specificity of program standards for regions;

the Advisory Council on the Education of the Hearing Impaired was terminated; and the regional concept as proposed for the hearing impaired was broadened to include low-incidence disabilities of vision and orthopedics.

In addition to the $200,000 allocated for study and research of the hearing impaired, moneys were allocated from Title VI funds for a similar study of the needs of visually and orthopedically disabled children. All of these studies were eventually coordinated by the state and local coordinators of the Title VI funds and studies were refinanced to continue a second year, 1972, through additional state funds of $200,000 for regional programming and research for the hearing impaired, S.B. 1433, and funding under Title VI for similar studies on the other two low-incidence disabilities.

To date regional programs have continued to expand their services to children, utilizing as well as possible provisions for special education financing and policy of the Rules and Regulations and Illinois School Code.

- Programs now serve about 10,000 children--ages three to 21. An effort is being made to have IOE specify permissive or mandatory parent-infant education below age 3.
- Child study teams and clinical service centers have begun to develop under Title VI funding.

- Regional supervision is improving though still minimal. For the hearing impaired all regions have at least one supervisor.
- Facilities are critically lacking in most areas and funds are not available. House Bill 1666 has been utilized by urban areas, e.g., the new high school unit for the hearing impaired in Chicago and the new elementary and preschool unit of Sterling School in Peoria. Southern Illinois (Marion, Illinois and twenty surrounding counties) obtained special funding through Senate Bill 213 in 1971 using Capitol Development funds.
- Administration still lacks policy. There is still no specification of Regional Special Education Programs as an administrative entity either in the Rules and Regulations or the School Code of Illinois.
- Financing under House Bill 4366 for children with extraordinary needs has been directed to children with low-incidence disabilities at the recommendation of the legislative subcommittee on special education financing of the Illinois School Problems Commission. A clear cut policy for allocation by regions is still needed.

In 1973, studies conducted under special funding were completed and the State appeared ready to submit legislation: (1[illegible]inal Reports, Volume I and II, Illinois Study of Personnel, Facilities, and Funding Patterns for

Programs for Hearing, Visually and Physically Impaired Youth was published in March, 1973; (2) A Comprehensive System for the Delivery of Special Education Services to Handicapped Children with Low Prevalence Exceptinalities; and (3) The Minnesota Educational Management Service statewide study of Low-Incidence Handicaps. In addition a legislative commission under Senate Bill 1538 was formed as the Model Schools for the Deaf and Hard of Hearing Study Commission, to involve the State School Board and other school planners. This bill was extended through 1974-75 under Senate Bill 1118.

Phase IV - Decision and Implementation

It appears that the State of Illinois is now in a position to determine a course of action through policy and legislation to effect a regional plan of progams and services for children whose needs require them. The regional concept for these children with the potential of utilizing as fully as possible the resources of the child's home, school and community is ready to be implemented

B. PROCEDURES USED IN STUDY

A variety of procedures were used in this study to collect the necessary data. These methods are best summarized under three headings -- instrument construction, primary data collection, and collection of information from secondary sources.

Instrument Construction

Two broad types of instruments were used to collect data on the operation of the regional programs and on the REMIS-ALRC project. These were a presite questionnaire, meant to obtain background information on the particular project or program, and instruments to be used by the teams mking the site visits. These latter instruments were meant to rely on the data from the presite questionnaires as a foundation and to solicit some factual information in greater depth and at the same time to obtain attitudinal and more subjective information on a first-hand, face-to-face, basis.

Drafts of both sets of instruments were prepared initially with the original RFP and project proposal as guides. These instruments were designed to cover the four basic objectives of the evaluation, namely, the administration of these programs, their financial management, the supervision of the programs and the delivery of services.

The presite questionnaire was designed to provide basic information on the regional program or project from the director of that program, but with provision for the director obtaining supplementary data from other members of the staff. The site questionnaires were prepared not only to seek further information from the director but also from a number of other people involved in the program, including members of advisory boards and parents of students. Indicative of the type of people to be interviewed during the site visit is the attached memorandum (Exhibit A) which provides a list of those to be interviewed on those visits.

As a basis for the preparation of drafts of these instruments, meetings were held with members of the staff of the Illinois Office of Education involved in the regional programs, both of the Chicago staff and of the Springfield staff, and visits were made to Springfield to obtain more detailed information on the regional projects and programs.

After the drafts of these questionnaires had been prepared, an all-day meeting was held in Chicago on March 27, 1975, at which various specialists in this type of special education as well as representatives from the Illinois Office of Education were brought together to review and to comment on them. Following this meeting, the instruments were revised, and the revised instruments then served as the basis for the data collection. Copies of these instruments can be obtained from the Survey Research Laboratory at the University of Illinois.

Primary Data Collection

The initial stage of the primary data collection was to mail the presite questionnaires to the directors of the regional projects, including the Chicago school system, and to the various private consortia in the Chicago area. These presite questionnaires were mailed in the middle of April with a request that they be returned in the first part of May. Unfortunately, this request was not complied with, partly on account of the very short interval available for this stage if the study was to be completed on schedule. With only a few exceptions, therefore, the presite questionnaire was not available until the weekend prior to the site visit or until the first day of that visit. These questionnaires were nevertheless very useful and provided a great deal of background information on the nature and characteristics of the particular project or program.

The site visit itself was carried out at all twelve regional projects outside of Chicago, at the Chicago Public School System, and with each of the four private consortia in the Chicago area. For each site visit, a team was put together consisting of a person specializing in administration, a specialist in delivery of services and supervision of these services for hearing impaired students, a specialist in services to either visually or orthopedically impaired students, a psychologist or audiologist, and an expert in public accounting. A list of these specialists is attached in Exhibit B.

On each visit, a fairly similar procedure was followed. A team leader was designated in advance. The members of the team met with one of the University staff on the evening before the site visit and reviewed the objectives of the study, the objectives of that site visit, what was known about that particular project or program, who was to be interviewed, and then developed an interviewing schedule for the following couple of days. It was the duty of the team leader to make sure that all the necessary arrangements were made and to alter schedules as needed during the course of the visit.

The interviews were conducted during the course of the site visit using the appropriate instruments as a guide. Some of the team members used the instruments openly while others preferred not to, feeling more comfortable by referring to them occasionally to make sure that the necessary topics were covered. No pressure was placed on team members to use these instruments on a question-by-question basis. Rather, the main focus was placed on obtaining the required information in the manner which the particular team member felt most convenient.

Reports of these interviews were usually prepared by the team members while still at the site, many of them doing so on the evening of the day when the interviews were made. In addition, team leaders were requested to provide an overall evaluation of that program or project within a week of the time of the visit. As a rule, these evaluations were forthcoming very quickly, many of these team leaders preferring to complete them before leaving the site.

With one exception, all members of a team went to visit a particular project or program at the same time, as a group. The exception was in the case of the public accounting people, who operated more or less independently and made visits to the sites on a schedule that was more convenient to them.

Overall, excellent cooperation was obtained on these visits. The only difficulty was obtaining information from one of the Chicago consortia but, even there, considerable information was eventually forthcoming. The feeling of the team members was that the respondents were generally frank and sincere in their replies, something that was also corroborated by the fact that the same subjects were covered from different perspectives with the different instruments and with different types of respondents at each site.

Data on the REMIS-ALRC operation were obtained partly on the presite questionnaires and during the site visits, and were supplemented by separate visits to a number of the regional projects by a University staff member specializing in this topic. In this way, information on this activity and its contribution to the state's program for the education of the low-incidence handicapped was obtained from a number of different perspectives, including teachers making use of the materials, people working in the program, directors of special education, regional directors, and those in charge of the program in Springfield.

Secondary Data Collection

Supplementary information on the regional programs in the state was obtained in various ways, principally by putting data together from the project applications and from available data sources at the IOE offices in Springfield, by having staff attend the monthly meetings of the regional directors, and by visits with the Chicago and Springfield staff of IOE. The visits to Springfield at the beginning of the study and on June 25 were especially useful, and the staff of IOE was most helpful in providing information.

Another type of secondary source material used in the study was information on educational programs for low-incidence disabled students in other states. This information was obtained principally from experts who were instrumental in the development of these other programs in other states. They were brought in as consultants and their views obtained on how the Illinois program compares with that of other states. A special meeting for this purpose was held on July 15 involving three such experts who were consulted once more on how the Illinois program would compare with those of the other states if it were modified in the ways being considered for this report. These consultants were also most cooperative and the information they provided served as a major input this report.

EXHIBIT A

Evaluation of Low-Incidence Disabilities Programs

Persons to be considered for interviewing:

- Members of IOE regional teams
- Regional Director
- Financial Agent
- Private Director
- Board of Directors or Advisory Board
- Professional regional staff
- ALRC staff
- Directors (agents) of joint agreements or consortia
- Superintendents of special education districts (sample)
- Superintendents of school districts (sample)
- Directors (principals) of low-incidence facilities (sample)
- Professional staff in low-incidence facilities (sample)
- Teachers in low-incidence facilities (sample)
- Parents (sample)

Exhibit B

Site Visit Teams and Dates

May 12, 13, 1975

West Suburban Association - Lombard

Barry Griffing, Ph.D., Assistant Superintendent of Special Education, California Department of Education

Brigitte Erbe, Ph.D., University of Illinois, Chicago Circle Campus, Survey Research Laboratory

James Haralson, Principal, Indiana School for the Blind

Gerald Pollard, University of Illinois at Urbana-Champaign

Dave Shoemaker, Financial Systems Manager, Survey Research Laboratory, University of Illinois at Urbana-Champaign

May 12, 13, 1975

Mid-Central Association - Peoria

Ray Dembinski, Ed.D., Northern Illinois University

Lazlo Stein, Ph.D., Director, Siegal Institute, Michael Reese Hospital

Tom Svob, Retired Assistant Superintendent, Illinois Braille and Sight Saving School

Barry Jones, Survey Research Laboratory, University of Illinois at Urbana-Champaign

May 14, 15, 1975

Educational Service Region, Chicago Consortia

Barry Griffing, Ph.D.

Brigitte Erbe, Ph.D.

Jim Teska, Ph.D., Southern Illinois University at Carbondale

Dave Shoemaker

Gerald Pollard

May 15, 16, 1975

Southwest Illinois Regional Special Education Association, Cahokia

Jerry Griffith, Ph.D., Eastern Illinois University

Jack Hartong, Superintendent, Illinois Braille and Sight Saving School

George McCoy, Ph.D., Illinois State University

Mark Ingram, C.P.A., Winakor, Bates, and Brunson

Barry Jones

May 19, 20, 1975

Chicago Public Schools

Robert Henderson, Ph.D., University of Illinois at Urbana-Champaign

Kenneth Mangan, Ed.D., Superintendent, Illinois School for the Deaf

Mark Ingram, C.P.A.

Reid Zehrbach, Ph.D., University of Illinois at Urbana-Champaign

Barry Jones

May 20, 21, 1975

Regional Service Association, Skokie

Jerry Griffith, Ph.D.

Merle Karnes, Ed.D., University of Illinois at Urbana-Champaign

Lazlo Stein, Ph.D.

Gerald Pollard

Mark Ingram, C.P.A.

May 21, 22, 1975

Chicago Association for Retarded Children

James Haralson

Barry Jones

Mark Ingram, C.P.A.

May 21, 22, 1975

South and West Side Consortia, Chicago

Brigitte Erbe, Ph.D.

Robert Ferber, Ph.D., Survey Research Laboratory, University of Illinois

Elsa Kreuzer

Dave Shoemaker

May 22, 23, 1975

Southern Illinois Association for Low-Incidence Handicaps, Marion

Gordon Hoke, Ph.D., University of Illinois at Urbana-Champaign

Mark Ingram, C.P.A.

Mike Jacobi, Illinois Braille and Sight Saving School

Kenneth Mangan, Ed.D.

Gerald Pollard

May 27, 28, 1975

Lake McHenry Regional Diagnostic Center, Gurnee, IL.

Brigitte Erbe, Ph.D.

Mark Ingram, C.P.A.

May 27, 28, 1975 - Lake McHenry (Cont.)

Ray Remboldt, M.D., Children's Hospital School, University of Iowa

Barry Jones

May 28, 29, 1975

West Central Program, Springfield

Jerry Griffith, Ph.D.

Mark Ingram, C.P.A.

George Kurzrock, Ph.D., Southern Illinois University, Edwardsville

Jim Teska, Ph.D.

Gerald Pollard

May 29, 1975

Western Illinois Association, Galesburg

Mark Ingram, C.P.A.

Kenneth Mangan, Ed.D.

Ray Remboldt, M.D.

Barry Jones

June 2, 3, 1975

East Central Counties Low-Prevalence Regional Program, Decatur

Robert Ferber, Ph.D.

Barry Griffing, Ph.D.

Mark Ingram, C.P.A.

Tom Syob

Barry Jones

June 3, 4, 1975

Educational Regional Association, Joliet

- Philip Hatlen, Ph.D., San Francisco State University
- Mark Ingram, C.P.A.
- George Kurzrock, Ph.D.
- Kenneth Mangan, Ed.D.
- Gerald Pollard

June 4, 5, 1975

Northwestern Illinois Association, DeKalb

- Ray Denbinski, Ed.D.
- Barry Griffing, Ph.D.
- Jerry Griffith, Ph.D.
- Mark Ingram, C.P.A.
- Barry Jones

June, 5, 6, 1975

South Metropolitan Association, Harvey

- Jerry Griffith, Ph.D.
- Philip Hatlen, Ph.D.
- Mark Ingram, C.P.A.
- Hugh Summers, Ohio State University
- Gerald Pollard

C. SUPPLEMENTARY TABLES

TABLE 1

SIZE AND COMPOSITION OF GOVERNING BOARDS BY REGION

Region	Size of Governing Board	Composition of Governing Board						
		Superintendents of Education Service Region	District Superintendents	Board of Education Members	Directors of Special Education	Directors of Private Schools	Parents	Other
E. Central Counties Low-Prevalence Region, Decatur	THIS REGION DOES NOT HAVE A GOVERNING BOARD.							
Educational Regional Association, Joliet	THIS REGION DOES NOT HAVE A GOVERNING BOARD.							
Lake McHenry, Gurnee	8	1	7	0	0	0	0	0
Mid-Central Association, Peoria	24	1	5 Dist. Supt. 1 Asst. Supt.	0	7	0	2 Assoc. Members	4 Univ. Repr. 1 Reg. Dir. Ex Officio 1 Principal
Northwestern Illinois Association, DeKalb	20	0	3	6	4	3 (Non-voting)	3	1 Univ. Ex Officio 1 ??
Regional Service Association, Skokie	11	0	0	11	0	0	0	0
Southwest Illinois Regional Special Education Association, Cahokia	23	1 1 Asst. Supt.	3	0	7	5	5	1 Univ. Repr.
Southern Illinois Association for Low-Incidence Handicaps, Marion	15	0	8	0	7	0	0	0

(Table 1--continued)

Table 1--Continued

Region	Size of Governing Board	Composition of Governing Board						
		Superintendents of Education Service Region	District Superintendents	Board of Education Members	Directors of Special Education	Directors of Private Schools	Parents	Other
South Metropolitan Association, Harvey	55	0	0	55	0	0	0	0
West Central Program, Springfield	THIS REGION DOES NOT HAVE A GOVERNING BOARD.							
Western Illinois Association, Galesburg	19	1	4	0	4	2	6	1 Teacher 1 Hancock Mental Health Dept.
West Suburban Association, Lombard	THIS REGION DOES NOT HAVE A GOVERNING BOARD.							
Chicago Public Schools	11	0	0	11	0	0	0	0

TABLE 2

AUTHORITY OF THE GOVERNING BOARDS BY REGION

Region	Organization of the Regional Project	Application or Preparation of Proposals for Funding	Use of Funds Received and Financial Management	Hiring of Project Personnel	Salaries of Project Personnel	Operating Policies of the Project	Other Matters
East Central Counties Low-Prevalence Region, Decatur	THIS REGION DOES NOT HAVE A GOVERNING BOARD.						
Educational Regional Association, Joliet	THIS REGION DOES NOT HAVE A GOVERNING BOARD.						
Lake McHenry, Gurnee	F	F	F	F	F	F	--
Mid-Central Association, Peoria	F	A	D	F	F	F	--
Northwestern Illinois Association, DeKalb	F	F	F	F	F	F	--
Regional Service Association, Skokie	F	F	F	F	F	F	F
Southwest Illinois Regional Special Education Association, Cahokia	D	D	D	D	D	D	D
Southern Illinois Association for Low-Incidence Handicaps, Marion	F	A	F	F	F	F	--
South Metropolitan Association, Harvey	F	F	F	F	F	F	--
West Central Program, Springfield	THIS REGION DOES NOT HAVE A GOVERNING BOARD.						Admin. Dist. #186 has final authority
Western Illinois Association, Galesburg	F	F	F	A	D	F	--
West Suburban Association, Lombard	THIS REGION DOES NOT HAVE A GOVERNING BOARD.						
Chicago Public Schools	F	F	F	F	F	F	F

A--Advisory and/or recommendation function; D--Decision making authority; and F--Final approval authority

TABLE 3

SIZE AND COMPOSITION OF ADVISORY BOARDS BY REGION

		Composition of Advisory Board						
Region	Size of Governing Board	Superintendents of Education Service Region	District Superintendents	Board of Education Members	Directors of Special Education	Directors of Private Schools	Parents	Other
East Central Counties Low-Prevalence Region, Decatur	17	3	2	0	6	2	4	
Educational Regional Association, Joliet	14	0	1	0	11	1 (non-voting)	1 (non-voting)	
Lake McHenry, Gurnee	8	0	0	0	3	4		1 Rep. from D.M.H.
Mid-Central Association, Peoria	19	0	3 1 Asst. Supt.	0	6	2	3	1 Reg. Dir. 3 Univ. Repr.
Northwestern Illinois Association, DeKalb (planning)	17	--	1 Asst. Supt. Adm. Dist.	--	13	3 (non-voting)	--	
Regional Service Association, Skokie	RSA has 3 Advisory Committees: 1 consists of the 6 Special Education Directors; another consists of Directors of private agencies and the third consists of 18 parents.							
Southwest Illinois Regional Special Education Association, Cahokia	THIS REGION DOES NOT HAVE AN ADVISORY BOARD.							
Southern Illinois Association for Low-Incidence Handicaps, Marion	4 (2 alternates)	0	0	0	0	0	6	
South Metropolitan Association, Harvey	20	0	0	0	0	0	20	0

(Table 3--continued)

Table 3--continued

Region	Size of Governing Board	Composition of Advisory Board						
		Superintendents of Education Service Region	District Superintendents	Board of Education Members	Directors of Special Education	Directors of Private Schools	Parents	Other
West Central Program, Springfield	9	0	1 Supt. 1 Asst. Supt.	0	5	1	1	0
Western Illinois Association, Galesburg	7	0	1	0	4	2	0	--
West Suburban Association, Lombard	8	0	0	0	8	0	0	0
Chicago Public Schools	The Chicago Public School system has many advisory boards at many levels but there is no advisory board that deals specifically with programs for low-prevalence handicapped children.							

TABLE 4

AUTHORITY OF THE ADVISORY BOARDS BY REGION

Region	Organization of the Regional Project	Application or Preparation of Proposals for Funding	Use of Funds Received and Financial Management	Hiring of Project Personnel	Salaries of Project Personnel	Operating Policies of the Project	Other Matters
East Central Counties Low Prevalence Region, Decatur	A	A	A	A	A	A	--
Educational Regional Association, Joliet	D	D	D	D	D	D	--
Lake McHenry, Gurnee	D	D	D	D	D	D	--
Mid-Central Association, Peoria	F	F	D	F	A	F	--
Northwestern Illinois Association, DeKalb (planning)	D	D	D	D	D	D	--
Regional Service Association, Skokie	A	A	--	--	A	--	--
Southwest Illinois Regional Special Education Association, Cahokia	THIS REGION DOES NOT HAVE AN ADVISORY BOARD.						
Southern Illinois Association for Low-Incidence Handicaps, Marion	A	A	A	A	A	A	--
South Metropolitan Association, Harvey	A	A	A	A	A	A	--
West Central Program, Springfield	D	D	D	D	D	D	Admin. Dist. has final authority
Western Illinois Association, Galesburg	A	A	A	A	A	A	--
West Suburban Association, Lombard	D	D	D	D	D	D	Final authorit rests with Admin. Dist. 44 in Lombard
Chicago Public Schools	--	A	--	--	--	--	A--for concerns & budge

A--Advisory and/or recommendation function; D--Decision making authority; and F--Final approval authority.

TABLE 5

SOURCES AND AMOUNTS OF FUNDING FOR REGIONS AND CONSORTIA

Regions	Title I, PL 89-313 Public	Title I, PL 89-313 Private	Title VI	Local and state sources
East Central counties Low Prevalence Region, Decatur	$130,000	$167,927	$130,000	0
Education Regional Association, Joliet	115,286	100,537	127,137	$120,150
Lake McHenry, Gurnee	130,000	144,566	130,000	Local districts pay for telephone services
Mid-Central Assoc., Peoria	132,074	149,476	$130,000	1,054,761
Northwestern Ill. Assoc., DeKalb	150,000	150,000	$150,000	110,129
Regional Service Assoc., Skokie	150,000	150,000	$150,000	0
Southwest Ill. Regional Sp. Ed. Assoc., Cahokia	150,000 1,500-class for teachers	149,437	$150,000	56,900
Southern Ill. Assoc. for Low-Incidence Handicaps, Marion	146,666	150,000	$148,666	31,780 (anticipated)
South Metropolitan Assoc., Harvey	120,700	177,150	$145,087	846,947
West Central Program, Springfield	140,501	159,499	$150,000	99,731
Western Illinois Assoc., Galesburg	144,654	80,535	$136,666	75,000
West Suburban Assoc., Lombard	149,250	149,742	$135,000	39,900
Chicago Public Schools	300,000		$215,000	State and local sources provide funds for the remainder of programs
Chicago Assoc. for Retarded Citizens--Consortium	--	85,000	--	
Center for the Developmentally Disabled--Chicago Consortium	--	75,000	--	
Educational Service Region--Chicago Consortium	--	193,000	--	
South and West Side Consortium--Chicago	-	70,000	-	

TABLE 6

BACKGROUND INFORMATION ON REGIONAL DIRECTORS

Region	Highest Degree	Major Field(s) of Study	Types of Certification	Years of Experience
East Central Counties Low-Prevalence Region, Decatur	M. Ed.	Spec. Educ., Visually Impaired	Type 10--Teach./Supv. Blind/Partially Sighted	6--Teaching 1--Admin. 2--Related typ.
Educational Regional Association, Joliet	M.S.W.	Sociology, Social Work	Type 73	3--Social work with exceptional children
Lake McHenry, Gurnee	M.A.	B.S.--Speech M.A.--Audiology	Certificate of clinical competence--American Speech & Hearing Association	3--Audiologist 2--Admin./Supv.
Mid-Central Association, Peoria	M.A.	B.A.--Psychology M.A.--Spec. Educ. (E.D. & S.M.) Educ. Admin.	Type 03, Type 09, Type 10--E.D. & S.M., Type 75, L.A.	5 1/2--Teaching 7 1/2--Admin.
Northwestern Illinois Association, DeKalb	M.A.	Learning Disabilities and Admin.	Type 10--Speech Correction and Learning Disabilities, Type 75	4--Teaching 6--Admin./Supv.
Regional Service Association, Skokie	All but dissertation for Ph.D.	Ed. Admin.	L.A., Type 69--General Admin. (old certificates)	4--Teaching 12--Admin./Supv.
Southwest Illinois Retional Special Education Association, Cahokia	M.A.	Speech Correction with added courses in Spec. Educ.	Type 10--Teach./Supv., Speech Correction L.A.	7--Speech Correction 8--Admin./Supv.
Southern Illinois Association for Low-Incidence Handicaps, Marion	M.S.	Speech Pathology, Audiology	Type 10--Teach./Supv. Speech Correction, Type 75 L.A.	2 1/2--Teaching/Clinical work 6 1/2--Admin./Supv.

(Table 6--continued)

Table 6--Continued

Region	Highest Degree	Major Field(s) of Study	Types of Certification	Years of Experience
South Metropolitan Association, Harvey	M.A.	B.A.--Spec. Educ., Deaf Educ. M.A.--Reading and Elem. Educ.	Type 75, L.A.	5--Teaching 1--Related Exp. 4--Admin./Supv.
West Central Program, Springfield	M.A. + 32	B.S.--Physical Educ. and Psychology M.A.--Spec. Educ., M.R.	Administrative Endorsement, L.A.	2--Teaching 9--Admin./Supv.
Western Illinois Association, Galesburg	Ed. D.	Admin. of Spec. Educ. Minor in M.R.	Type 75, L.A.	4--Teaching 10--Speech Therapist 7--Admin./Supv.
West Suburban Association, Lombard	M.A.	Speech Therapy and Spec. Educ. Admin.	K-12 Regular Classroom	4--Teaching 11--Admin./Supv.
Chicago Public Schools--Director of Special Education	All but dissertation for Ph.D.	Deaf Educ. and other areas of exceptionality	Certification as a teacher and principal, L.A.	10--Teaching 30--Admin./Supv.

LA--Letter of Approval as Special Education Director
Type 03--Elementary
Type 09--Secondary
Type 10--Special
Type 73--Pupil Personnel Services
Type 75--General Administration

TABLE 7

BACKGROUND INFORMATION ON SUPERVISORS/CONSULTANTS FOR THE HEARING IMPAIRED

Region	Highest Degree	Major Field(s) of Study	Type(s) of Certification	Years of Experience
East Central Counties Low-Prevalence Region, Decatur	M.Ed.	Deaf education	Type 10--Deaf and Hard of Hearing Type 75	6--Teaching 2 1/2--Supervision
Educational Regional Association, Joliet	M.S.	B.S.-Deaf Education M.S. Guidance and Counseling	Type 10--Deaf and Hard of Hearing	4--Teaching 2--Supervision
Lake McHenry, Gurnee	2--Personnel employed by SEDOL Both have M.A. degree	1--Deaf Education 1--Psychology	1--Type 10--Deaf and Hard of Hearing and Type 75 1--Type 73	(1) 2 1/2--Teaching 2--Supervision (2) 9--School Psychologist
Mid-Central Assoc., Peoria	M.S. + 20	B.A.--History M.S. Deaf Educ.	Type 09 Type 10-Teaching/Supervision, Deaf and Hard of Hearing	3--Teaching 3--Instruction developer/media specialist
Northwestern Illinois Assoc., DeKalb	M.A. + 27	M.A.--Deaf Educ.	Type 10--Teaching Supervision, Deaf and Hard of Hearing	5--Teaching 6--Supervision
Regional Service Assoc., Skokie	3--Teacher/Consultants 2 have M.A. degrees 1 has a B.S.	1--B.S.--Deaf Educ. M.S.--Speech Path. 1--M.A.--Deaf Educ. 1--B.S. Deaf Educ.	All have Type 10 Deaf and Hard of Hearing	(1)--6 1/2--Teaching 4--Supervision (2)--4 1/2--Teaching (3)--3--Teaching
Southwest Illinois Regional Special Education Assoc., Cahokia	M.A.	B.S.--Deaf Education M.S.--Education Learning Disabilities	Type 10--Deaf and Hard of Hearing	1 1/2--Teaching 6--Supervision
Southern Illinois Assoc., for Low Incidence Handicaps, Marion	M.S.	B.A.--Speech Correction, M.S.--Spec. Ed.--Learning Disabilities--Deaf Education	Type 03, Type 10--Teaching/Supv. Deaf and Hard of Hearing	1--Oral Reliability 1--Speech Path 5--Teaching Educ. Handicapped

(TABLE 7--Continued)

TABLE 7--Continued

Region	Highest Degree	Major Field(s) of Study	Type(s) of Certification	Years of Experience
South Metropolitan Assoc., Harvey	M.S. + 15	B.A.--Deaf Education M.S.--Physically Handicapped	Type 10--Deaf and Hard of Hearing Physically Handicapped	5--Teaching 5--Supervision
West Central Program, Springfield	M.S.	Deaf Education	Type 10--Deaf and Hard of Hearing	6--Teaching
Western Illinois Assoc., Galesburg	M.S.	Audiology	Type 10--Speech Pathologist	5--Audiologist 2--Supervision
West Suburban Assoc., Lombard	M.A.	Deaf Education	Type 03, Type 10 Teach/Supv., Deaf and Hard of Hearing	6 1/2--Teaching 6--Supervision
Chicago Public Schools	2--Personnel 1--M. Ed. 1--Ph.D.	Both have Deaf Education Majors	1--Deaf and kindergarten, primary 1--Chicago Certification regular, 38 and Hearing Impaired	(1) Not available at this time (2) 15--Teaching 10--Admin./ Supervision

Type 03--Elementary
Type 09--Secondary
Type 10--Special
Type 73--Pupil Personnel Services
Type 75--General Administration

TABLE 8

BACKGROUND INFORMATION ON SUPERVISORS/CONSULTANTS FOR THE VISUALLY IMPAIRED

Region	Highest Degree	Major Field(s) of Study	Type(s) of Certification	Years of Experience
East Central Counties Low-Prevalence Region, Decatur	SEE BACKGROUND ON REGIONAL DIRECTOR			
Educational Regional Association, Joliet	NO SUPERVISORS/CONSULTANT FOR THIS DISABILITY AREA			
Lake McHenry, Gurnee	Coordinator for Hard of Hearing and the Visually Impaired M.A.	Education of the Hearing Impaired	Type 10--Deaf & Hard of Hearing Type 75	2 1/2--Teaching 2--Supervision (Employed by SEDOL)
Mid-Central Assoc., Peoria	M.S. +13	B.S. Elem. Ed. + Spec. Ed. Visually Handicapped M.S.--Educ. Admin. E.M.H.&T.M.H.	Type 03 Type 10--Blind Partially sighted E.M.H.&T.M.H.	5 1/2--Teaching 2--Supervision
Northwestern Illinois Assoc., DeKalb	M.A.	Vision-Administration	Type 10--Teach/Supv.--Visually Handicapped	4--Teaching 4--Supv.
Regional Service Assoc., Skokie	M.A. (Teacher/Consultant)	B.S.--Blind/Partially Sighted Educ. M.A.-Orientation and Mobility	Type 03 Type 10--Blind/Partially Sighted	7--Teaching
Southwest Illinois Regional Special Education Assoc., Cahokia	M.A.	Educ. of the Visually Impaired	Type 10--Blind/Partially Seeing	4--10--Community Services for Visually Impaired 1--Supervision
Southern Illinois Assoc., for Low-Incidence Handicaps, Marion	NO SUPERVISOR/CONSULTANT FOR THIS DISABILITY AREA			

(TABLE 8--Continued)

TABLE 8--Continued

Region	Highest Degree	Major Field(s) of Study	Type(s) of Certification	Years of Experience
South Metropolitan Assoc., Harvey	M.S.	B.S.-Spec. Ed. Visually Impaired M.S.-Spec. Ed. Learning Disabilities	Type 03, Type 10--Blind/Partially Seeing and Learning Disabilities	8--Teaching 1--Supervision
West Central Program, Springfield	NO SUPERVISOR/CONSULTANT FOR THIS DISABILITY AREA			
Western Illinois Assoc., Galesburg	M.S.	Visually Impaired	Type 10--Visually Impaired	2--Teaching 8--Supervision
West Suburban Assoc., Lombard	M.A.	Special Educ. Visually Impaired	Type 75	4--Teacher 9--Supervision
Chicago Public Schools	2--Personnel 1--M.Ed. +80 1--M.A.	Both have majors in Education of the Visually Impaired and Administration	Both have Chicago certification for teaching Visually Impaired Children	(1)--13--Teaching 21--Admin/Supv. (2)--22--Teaching 17--Admin/Supv.

Type 03--Elementary
Type 10--Special
Type 75--General Administration

TABLE 9

BACKGROUND INFORMATION ON SUPERVISORS/CONSULTANTS FOR THE PHYSICALLY IMPAIRED

Region	Highest Degree	Major Field(s) of Study	Types of Certification	Years of Experience
East Central Counties Low-Prevalence Region, Decatur	M.A.	B.S.--Education M.A.--Special Educ.	Type 10--Physically Handicapped	2--Teaching
Educational Regional Association, Joliet	There is no Supervisor/Consultant for this disability area.			
Lake McHenry, Gurnee	2 Supervisors employed by SEDOL 1) B.S. 2) M.A.	1--Physical therapy 2--Special Educ.-physically handicapped, E.D. & L.D.	1--None 2--Type 10, P.H. L.D. and B.D.	1--8 yes P.T. 2 Supv. 2--3 Teaching 2 Supv.
Mid-Central Association, Peoria	See background for coordinator of visually impaired.			
Northwestern Illinois Association, DeKalb	M.A.	Physically handicapped and supervision	Type 10--Physically Handicapped; Teacher/Supervisor	6--Teaching 3--Supervision
Regional Service Association, Skokie	Teacher/ Consultant for Multiply Handicapped M.S.	B.S.--Speech and Hearing Therapy M.S.--Spec. Educ. Phys. Hand.	Type 10--Physically Handicapped and Learning Disabilities	5--Teaching 2--Clinical Teaching
Southwest Illinois Regional Special Education Association, Cahokia	M.S.	Education	Type 10--Physically Handicapped	4 1/2--Teaching 7 months--Supv.
Southern Illinois Association for Low-Incidence Handicaps, Marion	No Supervisor/Consultant for this disability.			
South Metropolitan Association, Harvey	M.S. + 45	B.A.--Deaf Educ. M.S.--Physically Handicapped	Type 10--All areas of Spec. Educ. but vision. Type 03 and Type 75.	6--Teaching 3--Supv.

(Table 9--continued)

Table 9--continued

Region	Highest Degree	Major Field(s) of Study	Types of Certification	Years of Experience
West Central Program, Springfield	Ph.D.	Special Educ. Multiply Handicapped		
Western Illinois Association, Galesburg	B.A.	Physical Therapy	R.P.T.	12--Physical Therapist
West Suburban Association, Lombard	M.A.	Spec. Educ. Physically Handicapped	Type 3 Type 10--Physically Handicapped	4--Teaching 1--Supervision
Chicago Public Schools		This position is not currently filled.		

Type 03--Elementary Certification
Type 10--Special Certification
Type 75--General Administration
R.P.T.--Registered Physical Therapist

TABLE 10

DISTANCE AND TIME OF LONGEST ONE WAY TRIP TO LOW-PREVALENCE REGIONAL PROJECTS

Region	Distance		Time	
	Reg. Public	Reg. Private	Reg. Public	Reg. Private
East Central Counties Low-Prevalence Region, Decatur	45 MI	40 MI	50 MIN.	45 MIN.
Educational Regional Assoc., Joliet	45 MI	40 MI	50 MIN.	45 MIN.
Lake McHenry, Gurnee	30 MI	60 MI	150 MIN.	150 MIN.
Mid-Central Assoc., Peoria	60 MI	75 MI	80 MIN.	85 MIN.
Northwestern Illinois Assoc., DeKabl	100 MI	NR	120 MIN.	NR
Regional Service Assoc., Skokie	30 MI	30 MI	60 MIN.	60 MIN.
Southwest Illinois Regional Special Education Assoc., Cahokia	50 MI	30 MI	60 MIN.	45 MIN.
Southern Illinois Assoc., for Low-Prevalence Handicapps, Marion	60 MI	65 MI	90 MIN.	75 MIN.
South Metropolitan Assoc., Harvey	40 MI	50 MI	90 MIN.	90 MIN.
West Central Program, Springfield	60 MI	NR	?	NR
Western Illinois Assoc., Galesburg	40 MI	30 MI	60 MIN.	40 MIN.
West Suburban Assoc., Lombard	20 MI	25 MI	60 MIN.	120 MIN.
Chicago Public Schools	NR	NR	90 MIN.	NR

TABLE 11

APPROXIMATE NUMBER OF DISABLED CHILDREN WITHIN REGIONAL BOUNDARIES*

Primary Handicap	Educable Mentally Handi-capped	Train-able Men-tally Handi-capped	Phys-ically Handi-capped	Socially Malad-justed (Educa-tionally Handi-capped)	Learning Disabled	Emotionally Disturbed (Behavior Disordered)	Speech and Language Impaired	Multiple Handi-capped	Deaf	Hard-of-Hearing	Blind	Partially Sighted	Early Child-hood	Severely Retarded	Deaf/ Blind
East Central Counties Low-Prevalence Region, Decatur	1,855	380	108	929	1,374	155	8,471	104	98	65	33	31	212	82	4
Educational Regional Association, Joliet	1,610	314	181	982	1,963	609	6,078	150	62	96	18	37	208	88	1
Lake McHenry, Gurnee	1,319	235	108	1,054	1,890	220	4,076	85	120	140	22	29	180	65	1
Mid-Central Association, Peoria	2,191	351	195	1,050	1,655	334	9,283	239	133	129	20	84	251	49	2
Northwestern Illinois Association, DeKalb	3,138	675	314	960	5,225	531	11,300	184	171	300	34	145	489	195	4
Regional Service Association, Skokie	992	492	183	1,832	6,649	1,587	10,841	213	145	162	21	107	510	194	--
Southwest Illinois Regional Special Education Association, Cahokia	2,248	526	160	1,408	2,010	311	7,072	136	121	87	4	55	258	102	--
Southern Illinois Association for Low-Incidence Handicaps, Marion	2,073	313	33	1,253	1,780	296	6,256	118	89	178	13	44	157	30	3
South Metropolitan Association, Harvey	1,902	507	74	1,816	2,633	257	3,064	189	17	80	3	23	119	204	--
West Central Program, Springfield	2,367	315	83	1,113	2,106	119	7,005	100	108	180	27	58	251	82	2

(Table 11--continued)

*The above figures are based on the Quadrennial Special Education Census completed in June, 1974. There are inaccuracies in the data as compiled due to shifting boundaries of some special education districts. The table should indicate, however, which disabilities would require a population base larger than that of special education districts for adequate services.

Table 11--continued

Primary Handicap	Educable Mentally Handi-capped	Train-able Men-tally Handi-capped	Phys-ically Handi-capped	Socially Malad-justed (Educa-tionally Handi-capped)	Learning Disabled	Emotionally Disturbed (Behavior Disordered)	Speech and Language Impaired	Multiple Handi-capped	Deaf	Hard-of-Hearing	Blind	Partially Sighted	Early Child-hood	Severely Retarded	Deaf/ Blind
Western Illinois Association Galesburg	1,433	341	52	325	1,225	86	5,517	68	37	85	4	28	113	139	1
West Suburban Association, Lombard	1,718	578	212	1,892	6,790	763	14,742	290	183	297	31	81	313	362	5
Chicago Public Schools	17,162	1,672	3,096	9,066	8,057	5,655	26,669	1,051	754	712	132	1,090	755	2,199	--